**JSTILES** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

15	MPORTANT: If the certificate holde f SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of t	he po	licy, certain	policies may				
PRO	DDUCER				CONTA	CT					
Houchens Insurance Group						Evil. (270) 9	(270)	(270) 737-2828			
505	Wellington Way, Suite 275				PHONE (A/C, No, Ext): (270) 982-7259 FAX (A/C, No): (270) 737-2828 E-MAIL ADDRESS: jstiles@higsa.com						
	anglon, iti 40000				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INCHE				nany	18058	
IMQ	URED				INSURER A : Philadelphia Indemnity Insurance Company INSURER B : Kentucky Employers' Mutual Insurance					10320	
1143					INSURER C :						
	Meade County Water District 1003 Armory Place	t									
	Brandenburg, KY 40108				INSURER D : INSURER E : INSURER F :						
	-										
-	OVERAGES CER	7171	C A T	E NUMBER:	Source Control			REVISION NUMBER:			
T If C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER POLI	F INSTALL	SURANCE LISTED BELOW H. ENT, TERM OR CONDITION , THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF A	NY CONTRAC 7 THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK2291018		7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	3,000,000	
Α	AUTOMOBILE LIABILITY			PHPK2291018			7/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		1			7/1/2021		BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LÍAB OCCUR		<del>                                     </del>					EAGU OCCUPRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION \$							AGGREGATE	\$		
В		N/A	1					PER OTH-	3		
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTIES FOR SECURITY Y/N			375752		7/1/2021	7/1/2022			1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
A	DÉSÉRIPTION OF OPERATIONS below  Commercial Property		+-	PHPK2291018		7/1/2021	7/1/2022	Building/Contents	\$	4,822,509	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Daniani greenienie		1,022,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	ī.			e space is requir	red)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Meade County Water District 1003 Armory Place Brandenburg, KY 40108						AUTHORIZED REPRESENTATIVE					

**JSTILES** 

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## CERTIFICATE OF LIABILITY INSURANCE

3/3/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	his certificate does not confer rights t				ich end	lorsement(s)		require an endorsemer	it. A	statement on	
200000	DDUCER				CONTACT NAME:						
Houchens Insurance Group 505 Wellington Way, Suite 275						PHONE (A/C, No, Ext): (270) 982-7259 FAX (A/C, No): (270) 737-4950					
Lex	ington, KY 40563				E-MAIL ADDRESS: jstiles@higusa.com						
								RDING COVERAGE		NAIC #	
_					INSURE	10677					
INS	JRED				INSURE	10320					
	Meade County Water Distric	t			INSURER C:						
	1003 Armory Place Brandenburg, KY 40108				INSURER D :						
	brandenburg, KT 40100				INSURER E:						
	Name and Parasis	nult in	- 0 - 10 5		INSURER F:						
	THE WAS A STATE OF THE WAS A STA			E NUMBER:	0 0 0 00			REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT T	O WHICH THIS	
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INOU	1110			(MINUCONTELL)	(MINUDO/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ETD0657700		7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	s	10,000	
								PERSONAL & ADV INJURY	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			ETD0657700		7/1/2022	7/1/2023	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AS TOS SALT								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE			T .			İ	AGGREGATE	\$		
	DED RETENTION\$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						PER OTH-			
				375752		7/1/2022	7/1/2023	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Commercial Fire			ETD0657700		7/1/2022	7/1/2023	Building/Contents		8,877,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (	ACORE	) 101, Additional Remarks Schedu	le, may b	attached if mor	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Meade County Water District						AUTHORIZED REPRESENTATIVE					
	1003 Armory Place				19-7-5-82						