



Account 6X38752
 Invoice 7000555831
 Date 09/29/2022

Account Summary

Starting Account Balance	Payments Received	New Transactions	Fees and Adjustments	Current Account Balance	Minimum Due 10/24/2022
\$0.00	\$0.00	\$5,399.00	\$5.00	\$5,404.00	\$455.27

Policy Details

Policy Type and Number	Transaction Date	Transaction Type	Transaction Amount	Current Balance	Minimum Due
Policy Period 10/24/2022-10/24/2023					
Commercial Property 6A38752-2	09/01/2022	New Renewal	\$3,097.00	\$3,097.00	\$258.29
General Liability 6D38752-2	09/01/2022	New Renewal	\$1,327.00	\$1,327.00	\$110.67
Cybersolutions 6Q38752-2	09/01/2022	New Renewal	\$257.00	\$257.00	\$21.43
Professional Liability 6K38752-2	09/01/2022	New Renewal	\$718.00	\$718.00	\$59.88

Subtotal \$5,399.00 | \$5,399.00 | \$450.27

Account Charges	Transaction Date	Description	Amount	Current Balance	Minimum Due
		Unpaid Prior Account Charges		\$0.00	\$0.00
	09/30/2022	Invoice Fee	\$5.00	\$5.00	\$5.00

Subtotal \$5.00 | \$5.00 | \$5.00

Unapplied Funds : \$0.00

Account Balance | Minimum Due \$5,404.00 | \$455.27

Any change made to your account after the issue date of this invoice will be reflected on the next invoice.

Projected Billing Schedule

This schedule is based on your current balance. The estimated minimum due in the projected billing schedule does not include invoice fees or future policy changes. You will not receive an invoice if the minimum due is less than \$20.00, unless it is the final balance.

Due Date	Estimated Minimum Due	Due Date	Estimated Minimum Due	Due Date	Estimated Minimum Due
11/24/2022	\$449.90	03/24/2023	\$449.90	07/24/2023	\$449.87
12/24/2022	\$449.90	04/24/2023	\$449.89	08/24/2023	\$449.87
01/24/2023	\$449.90	05/24/2023	\$449.87	09/24/2023	\$449.86
02/24/2023	\$449.90	06/24/2023	\$449.87		



EMPLOYERS MUTUAL CASUALTY COMPANY

PRIOR POLICY: 6D3-87-52

GENERAL LIABILITY DECLARATIONS

POLICY PERIOD: FROM 10/24/22 TO 10/24/23

POLICY NUMBER
* 6 D 3 - 8 7 - 5 2 ---23 *

NAMED INSURED:

PRODUCER:

SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126

PEEL & HOLLAND
SCHOOLS AND PUBLIC ENTITY
PO BOX 427
BENTON KY 42025-0427

DIRECT BILL

AGENT: AT 0033
AGENT PHONE: (270)527-8621
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (513)221-6010

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/22.

INSURED IS: NOT FOR PROFIT ORG BUSINESS DESC: WATER DISTRICT

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT \$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$ 500,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT \$ 10,000 ANY ONE PERSON
PERSONAL AND ADVERTISING INJURY LIMIT \$ 1,000,000 ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT \$ 3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT \$ 3,000,000

COVERAGES PROVIDED

PREMIUM

OTHER THAN PRODUCTS/COMPLETED OPERATIONS \$ 1,327.00

TOTAL ESTIMATED POLICY PREMIUM \$ 1,327.00

SEE ATTACHED SCHEDULE FOR LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED.

FORMS APPLICABLE:

CG0001(04/13)*, CG2100(07/98)*, CG2106(05/14)*, CG2147(12/07)*,
CG2167(12/04)*, CG2170(01/15)*, CG2176(01/15)*, CG2196(03/05)*,
CG2409(07/98)*, CG7001A(10/12)*, CG7003(10/13)*, CG7185(10/13)*,
CG7698(01/21)*, CG8081(04/06)*, IL0017(11/98)*, IL0021(09/08)*,
IL0263(09/08)*, IL7004(03/20)*, IL7131A(04/01)*, IL7168(01/22)*,
IL7337(12/09)*, IL8383.2A(01/15)*, IL8384A(01/08)*, IL8576(10/17)*

DATE OF ISSUE: 09/01/22 BPP

FORM CG7000A ED. 08-99 BPP 10/24/22 019 MT 6D38752 2301



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 6D3-87-52---23

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

EXP DATE: 10/24/23

GENERAL LIABILITY POLICY
DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
*CG2100	07-98	EXCL-ALL HAZARDS/DESIGNATED PREMISES DESC & LOCATION OF PREMISES: DAM EXPOSURES	
*CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
*CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
*CG2167	12-04	FUNGI OR BACTERIA EXCLUSION	
*CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
*CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
*CG2196	03-05	SILICA OR SILICA RELATED DUST EXCL	
*CG2409	07-98	GOVERNMENTAL SUBDIVISIONS	
*CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
*CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
*CG7185	10-13	EXCLUSION - LEAD	
*CG7698	01-21	GENERAL LIAB ELITE EXT/MUNICIPAL	
*CG8081	04-06	FUNGI/BACTERIA NOTICE TO POLICYHOLDER	
*IL0017	11-98	COMMON POLICY CONDITIONS	
*IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL0263	09-08	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7168	01-22	ASBESTOS EXCLUSION	
*IL7337	12-09	AMENDMENT OF OCCUR DEF SUBCONTR WORK	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 11
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

DATE OF ISSUE: 09/01/22

FORM: IL7131A (ED. 04-01)

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EMPLOYERS MUTUAL CASUALTY COMPANY
SOUTH 641 WATER DISTRICT

POLICY NUMBER: 6D3-87-52---23
EFF DATE: 10/24/22 EXP DATE: 10/24/23

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

Invoice Number **1000367435**
Invoice Stream **Premium**
Account Number **A010093668**

Account
SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL, KY 42049

Agency Information
Peel & Holland Inc
1120 Main Street
Benton, KY 42025

270-527-8621

Payment Options

By Phone
866-206-5851

Electronic Payment
Accidentfund.com/
billing

Questions?

Accidentfund.com
866-206-5851
8:00 am – 8:00 pm EST, M-F

Current Invoice Balance **\$781.50**
Due Date **10/24/2022**

Mail payment coupon with your check to the address provided. Allow five days for delivery.



EMPLOYERS MUTUAL CASUALTY COMPANY
 LINEBACKER PUBLIC OFFICIALS AND
 EMPLOYMENT PRACTICES LIABILITY
 DECLARATIONS

PRIOR POLICY: 6K3-87-52

POLICY PERIOD: FROM 10/24/22 TO 10/24/23

-----*
 * POLICY NUMBER *
 * 6 K 3 - 8 7 - 5 2 ---23 *
 -----*

NAMED INSURED

PRODUCER

 SOUTH 641 WATER DISTRICT
 PO BOX 126
 HAZEL KY 42049-0126

 PEEL & HOLLAND
 SCHOOLS AND PUBLIC ENTITY
 PO BOX 427
 BENTON KY 42025-0427

DIRECT BILL

AGENT: AT 0033
 AGENT PHONE: (270)527-8621
 CLAIM REPORTING: (888)362-2255
 SERVICING CARRIER: (513)221-6010

 THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT
 WHICH IS DUE ON 10/24/22.

 INSURED IS: NOT FOR PROFIT ORG BUSINESS DESC: WATER DISTRICT

 * THIS IS A CLAIMS MADE POLICY *
 * PLEASE READ CAREFULLY *

L I M I T S O F L I A B I L I T Y

EACH LOSS	\$	1,000,000
AGGREGATE FOR EACH POLICY TERM	\$	1,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE)	\$	2,500

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:
THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR
BEFORE THE RETROACTIVE DATE SHOWN BELOW.
RETROACTIVE DATE: 10/24/18
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (1 YEARS)

 TOTAL ADVANCE PREMIUM \$ 718.00

DATE OF ISSUE: 09/01/22 BPP

CONTINUED

FORM CL7000A (10-12)

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EMPLOYERS MUTUAL CASUALTY COMPANY
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

POLICY NUMBER: 6K3-87-52

EXP DATE: 10/24/23

COVERAGE IS PROVIDED FOR BOARD AND ALL EMPLOYEES

(THE ADVANCE PREMIUM IS A MINIMUM PREMIUM FOR THE POLICY TERM)
A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE

FORMS APPLICABLE:

CL7001(01/21), CL7110(01/18), CL7112(01/18), CL7128(05/20),
CL7153(01/18), CL7156(01/18), CL7161(01/18), CL7202(10/15),
CL7210(01/16), CL8322(10/15)*, CL8324(03/16), IL7004(03/20),
IL7126(01/18), IL7131A(04/01)*, IL7149(01/08), IL7326(01/18),
IL8383.2A(12/20), IL8384A(01/08)

Refer to prior distribution(s) for any forms not attached

DATE OF ISSUE: 09/01/22 BPP

FORM CL7000A (10-12)

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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 6K3-87-52---23

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

EXP DATE: 10/24/23

LINEBACKER POLICY
DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CL7001	01-21	LNBKR PUBLIC/EPLI COVERAGE FORM	
CL7110	01-18	NUCLEAR ENERGY LIABILITY EXCLUSION	
CL7112	01-18	BOARD ONLY ENDORSEMENT	
CL7128	05-20	TORT LIABILITY ENDORSEMENT	
CL7153	01-18	EXCL-FUNGI OR BACTERIA	
CL7156	01-18	CAP ON LOSSES CERT ACTS OF TERRORISM	
CL7161	01-18	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CL7202	10-15	DATA COMPROMISE & CYBER LIAB EXCL	
CL7210	01-16	EXCL UNMANNED AIRCRAFT	
*CL8322	10-15	ADVISORY NOTICE TO POLICYHOLDERS	
CL8324	03-16	LNBKR POLICYHOLDER NOTICE AIRCRAFT	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
IL7126	01-18	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7326	01-18	CALCULATION OF PREMIUM	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 14
IL8384A	01-08	TERRORISM NOTICE	

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FORM: IL7131A (ED. 04-01)

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EMPLOYERS MUTUAL CASUALTY COMPANY

PRIOR POLICY: 6A3-87-52

COMMERCIAL PROPERTY DECLARATIONS

POLICY PERIOD: FROM 10/24/22 TO 10/24/23

* POLICY NUMBER *
* 6 A 3 - 8 7 - 5 2 ---23 *

NAMED INSURED:

PRODUCER:

SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126

PEEL & HOLLAND
SCHOOLS AND PUBLIC ENTITY
PO BOX 427
BENTON KY 42025-0427

DIRECT BILL

AGENT: AT 0033
AGENT PHONE: (270)527-8621
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (513)221-6010

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/22.

INSURED IS: NOT FOR PROFIT ORG BUSINESS DESC: WATER DISTRICT

SEE ATTACHED SCHEDULE FOR DESCRIPTION OF LOCATIONS,
SPECIAL INTERESTS AND DEDUCTIBLES

COVERAGES PROVIDED	PREMIUM
BLANKET 001 - SEE SCHEDULE FOR DESCRIPTION	\$ 3,097.00
TOTAL PROPERTY PREMIUM	\$ 3,097.00
KENTUCKY SURCHARGE	\$.00
TOTAL PROPERTY PREMIUM	\$ 3,097.00

FORMS APPLICABLE:

CP0090(07/88)*, CP0140(07/06)*, CP0166(09/00)*, CP1075(12/20)*,
CP7001A(02/12)*, CP7003A(02/12)*, CP7121(10/20)*, CP7121.4(08/18)*,
CP7358(02/17)*, CP8036(07/21)*, IL0017(11/98)*, IL0263(09/08)*,
IL0952(01/15)*, IL7004(03/20)*, IL7131A(04/01)*, IL7306(08/98)*,
IL8383.2A(12/20)*, IL8384A(01/08)*

DATE OF ISSUE: 09/01/22 (BPP)

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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 6A3-87-52---23

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

EXP DATE: 10/24/23

COMMERCIAL PROPERTY POLICY
DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CP0090	07-88	COMMERCIAL PROPERTY CONDITIONS	
*CP0140	07-06	EXCL OF LOSS DUE TO VIRUS/BACTERIA	
*CP0166	09-00	KENTUCKY CHANGES	
*CP1075	12-20	CYBER INCIDENT EXCLUSION	
*CP7001A	02-12	COMMERCIAL PROPERTY SCHEDULE	
*CP7003A	02-12	SCHEDULE OF LOCATIONS	
*CP7121	10-20	BUILDING AND PERS PROP - PUBLIC ENTI	
*CP7121.4	08-18	PUBLIC ENTITY QUICK REFERENCE	
*CP7358	02-17	EQUIPMENT BREAKDOWN COVERAGE	
*CP8036	07-21	COMM PROPERTY VALUATION INCREASE	
*IL0017	11-98	COMMON POLICY CONDITIONS	
*IL0263	09-08	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL0952	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
*IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 27
*IL8384A	01-08	TERRORISM NOTICE	

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EMPLOYERS MUTUAL CASUALTY COMPANY

CYBER SOLUTIONS DECLARATIONS

POLICY PERIOD: FROM 10/24/22 TO 10/24/23

* POLICY NUMBER *
* 6 Q 3 - 8 7 - 5 2---23 *

NAMED INSURED

PRODUCER

SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126

PEEL & HOLLAND
SCHOOLS AND PUBLIC ENTITY
PO BOX 427
BENTON KY 42025-0427

DIRECT BILL

AGENT: AT 0033
AGENT PHONE: (270)527-8621
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (513)221-6010

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/22.

INSURED IS: NOT FOR PROFIT ORG BUSINESS DESC: WATER DISTRICT

* THIS POLICY INCLUDES DEFENSE EXPENSES *
* WITHIN THE LIMITS OF LIABILITY *
* PLEASE READ CAREFULLY *

LIMITS OF LIABILITY

Table with 3 columns: Coverage Description, Amount, and Aggregate Type. Includes rows for Data Compromise Coverage, Response Expenses Limit, Legal Review Sublimit, Forensic IT Review Sublimit, Named Malware Sublimit, Public Relations Sublimit, Regulatory Fines and Penalties, PCI Fines and Penalties, Deductible, Identity Recovery Coverage, Identity Recovery Limit, and Expense Reimbursement Deductible.



EMPLOYERS MUTUAL CASUALTY COMPANY
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

POLICY NUMBER: 6Q3-87-52
EXP DATE: 10/24/23

CYBER COVERAGE -

COMPUTER ATTACK LIMIT	\$	50,000	ANNUAL AGGREGATE
LOSS OF BUSINESS SUBLIMIT	\$	25,000	
PUBLIC RELATIONS SUBLIMIT	\$	10,000	
CYBER EXTORTION	\$	10,000	
MISDIRECTED PAYMENT FRAUD	\$	5,000	
DEDUCTIBLE	\$	1,000	

NETWORK SECURITY DEFENSE AND LIABILITY LIMIT	\$	50,000	ANNUAL AGGREGATE
DEDUCTIBLE	\$	1,000	

ELECTRONIC MEDIA LIABILITY	\$	50,000	ANNUAL AGGREGATE
DEDUCTIBLE	\$	1,000	

DATA COMPROMISE AND IDENTITY RECOVERY PREMIUM	\$	71.00
CYBER PREMIUM	\$	186.00

TOTAL POLICY PREMIUM \$ 257.00

FORMS APPLICABLE: (FORMS SHOWN ON THE COMMON DECLARATIONS ARE NOT APPLICABLE TO THIS SECTION.)

DC7001(02/19), DC8005(04/17)*, IL7004(03/20), IL7126(01/18),
IL7131A(04/01)*, IL7149(01/08), IL7326(01/18), IL8383.2A(12/20)

Refer to prior distribution(s) for any forms not attached



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 6Q3-87-52---23

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/22

EXP DATE: 10/24/23

CYBERSOLUTIONS POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
DC7001	02-19	CYBERSOLUTIONS COVERAGE FORM	
*DC8005	04-17	IMPORTANT NOTICE TO POLICYHOLDERS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
IL7126	01-18	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7326	01-18	CALCULATION OF PREMIUM	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	WAIVED

DATE OF ISSUE: 09/01/22

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