



CONDITIONAL

EMC Insurance Companies  
11311 Cornell Park Dr Ste 500  
Blue Ash, OH 45242-1891  
www.emcins.com

**SOUTH 641 WATER DISTRICT**  
PO BOX 126  
HAZEL, KY 42049-0126  
10/24/2021 to 10/24/2022  
Prepared on 08/31/2021  
Quote Valid Through 10/24/2021

**Account Summary**  
Quote Account Number: X478983  
Option 001

Commercial Property (A-01)		\$	3,487.67
General Liability (Occurrence) (D-01)		\$	1,616.58
Linebacker - Claims Made (K-02)		\$	811.35
CyberSolutions (Q-01)		\$	257.00
Data Compromise and Identity Recovery Premium	71.00		
Cyber Premium	186.00		
<b>Total Account Premium Estimate</b>		<b>\$</b>	<b>6,172.60</b>

*This proposal is offered through EMC Insurance Companies. EMC offers customizable insurance products to meet your unique needs and expert safety resources to help your business prevent claims. As your independent agent, we are here to offer you personalized service.*

*The premium reflects the rates as of the date shown above and assumes the information provided is accurate. If you accept this proposal, we will submit an application to EMC on your behalf for review and approval.\**

*If your application is approved, you can pay your premium in full (\$6,172.60, as quoted above) or in installments. For installments, 20% of the estimated account premium is required as a down payment (\$1,234.52 based on this quote). To make a full payment, down payment or any amount in between, visit www.emcins.com and select MAKE A PAYMENT (use the account number listed above).*

*Please review the following pages for coverage details. To discuss the advantages of insuring your business with EMC, contact us at the number listed below or visit www.emcins.com.*

Thank you,

**Peel & Holland**  
1120 Main St  
Benton, KY 42025-1450  
270-527-8621

*\*This proposal does not guarantee the policy will be accepted or that coverage will be provided in the company selected or at the premium quoted. Due to periodic rate changes, a change to the policy's effective date may result in a different premium.*



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: D478983-01

QUOTATION - GENERAL LIABILITY

QUOTATION IS VALID: FROM 08/30/21 TO 10/24/21
PROPOSED POLICY PERIOD: FROM 10/24/21 TO 10/24/22

PREPARED FOR:

PRESENTED BY:

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

PEEL & HOLLAND
1120 MAIN ST
BENTON KY 42025-1450

AGENT: AT 2145
AGENT PHONE: (270)527-8621

INSURED IS: WATER DISTRICT 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 \$ 1,588.00

TOTAL PREMIUM \$ 1,588.00

KENTUCKY SURCHARGE \$ 28.58

TOTAL ESTIMATED POLICY PREMIUM \$ 1,616.58

AS QUOTED ON: 08/31/21 BPP





CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: D478983-01

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

EXP DATE: 10/24/22

GENERAL LIABILITY POLICY  
QUOTE

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	
*CG8254	12-20	ADVISORY NOTICE TO POLICYHOLDERS	
*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	
*IL7028	05-15	ASBESTOS EXCLUSION	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7337	12-09	AMENDMENT OF OCCUR DEF SUBCONTR WORK	
*IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 13
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

AS QUOTED ON: 08/31/21



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

QUOTE NUMBER: D478983-01  
EXP DATE: 10/24/22

GENERAL LIABILITY SCHEDULE

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS RATE !ADVANCE PREM!	ALL OTHER RATE !ADVANCE PREM
LOCATION 001 87712 WATER COMPANY FAILURE TO PROVIDE RESIDENTIAL SERVICES PREMIUM BASIS: METERS EXPOSURE: 373 (SUBLINE /334)		0.192!\$ 72
87713 WATER COMPANY FAILURE TO PROVIDE OTHER THAN RESIDENTIAL SERVICES PREMIUM BASIS: METERS EXPOSURE: 63 (SUBLINE /334)		3.742!\$ 236
99943 WATER COMPANIES (4) PREMIUM BASIS: THOUSANDS OF PAYROLL EXPOSURE: 50,000 (SUBLINE /334)		19.331!\$ 967

POLICY LEVEL COVERAGES

COVERAGES	LIMIT OF INSURANCE	PREMIUM
GENERAL LIABILITY ELITE EXTENSION	!	!\$ 300
	KENTUCKY SURCHARGE	\$ 28.58
	PREMIUM FOR CERTIFIED ACTS OF TERRORISM	\$ 13.00
	TOTAL ESTIMATED POLICY PREMIUM	\$ 1616.58

- (1) OTHER THAN NOT FOR PROFIT (2) NOT FOR PROFIT
- (3) INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS UNLESS OTHERWISE EXCLUDED
- (4) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT
- (5) A \$250 PD DEDUCTIBLE PER CLAIM APPLIES TO CUSTOMERS AUTOS UNLESS OTHERWISE DESIGNATED BY THIS CLASSIFICATION CODE
- (6) FOR SPRAY PAINTING OPERATIONS, A PD DEDUCTIBLE OF \$250 PER CLAIM APPLIES UNLESS A HIGHER DEDUCTIBLE IS OTHERWISE DESIGNATED FOR THIS CLASSIFICATION CODE

AS QUOTED ON: 08/31/21 BPP





**Workers Compensation and Employers Liability Insurance Policy**

Policy Number	Policy Period	
	From	To
WCV 6225120	10/24/2021 12:01 A.M. Standard Time at the described location	10/24/2022

**Transaction**

AMENDED INFORMATION PAGE	Effective: 10/24/2021
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Named Insured and Address	Agent
SOUTH 641 WATER DISTRICT PO BOX 126 HAZEL KY 42049	PEEL & HOLLAND INC 1120 MAIN STREET BENTON, KY 42025  Telephone: 270-527-8621 9048328

<b>Other Workplaces Not Shown Above:</b>	See schedule attached
<b>Extended Named Insured:</b>	Absence of an entry means no exception

<b>Interstate ID:</b>	<b>Intrastate ID:</b>
<b>Insured Is:</b> GOVERNMENT ENTITY	<b>FEIN #:</b> 610979997
<b>Bureau/Risk ID:</b>	<b>NCCI #:</b> 16729
<b>Unemployment Id Number:</b>	

**ITEM 2. POLICY PERIOD** is from 12:01 A.M., 10/24/2021 to 12:01 A.M., 10/24/2022 Standard Time at the insured's mailing address.

**ITEM 3. COVERAGE**

**A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: KY

**B. Employers Liability Insurance:** Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3. A. of the Information Page.

**D. This policy includes these endorsements and schedules:**

WC890600B	(7/01)	N-NTI-PD	(5/20)	PN99NSF	(1/18)	WC000000C	(1/15)
WC000403	(4/84)	WC000414A	(1/19)	WC000419	(1/01)	WC000421E	(1/21)
WC000422C	(1/21)	WC000424	(1/17)	WC000425	(5/17)	WC160305	(6/07)

**ITEM 4. PREMIUM**

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

**C L A S S I F I C A T I O N S**

**SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)**

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$537	\$1,510	\$1,510	Annual - Reporting

INSURED COPY





**Workers Compensation and Employers Liability Insurance Policy**

Policy Number	Policy Period	
	From	To
WCV 6225120	10/24/2021 12:01 A.M. Standard Time at the described location	10/24/2022

Transaction	
AMENDED INFORMATION PAGE	Effective: 10/24/2021
Named Insured and Address	Agent
SOUTH 641 WATER DISTRICT PO BOX 126 HAZEL KY 42049	PEEL & HOLLAND INC 1120 MAIN STREET BENTON, KY 42025  Telephone: 270-527-8621
	9048328

**SCHEDULE OF CLASSIFICATIONS:**

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
<b>STATE: Kentucky</b>				
WATERWORKS OPERATION & DRIVERS	7520	75,000	1.61000	1,208
CLERICAL OFFICE EMPLOYEES NOC	8810	20,000	0.09000	18
	<b>Subtotal State Premium</b>			<b>\$ 1,226</b>
EXPENSE CONSTANT	0900			200
TERRORISM	9740	95,000	0.00800	8
CATASTROPHE	9741	95,000	0.02000	19
INCR LIMITS OF EMPLOYERS LIAB	9807	1,226	0.00800	10
TO EQUAL MINIMUM PREMIUM (E L)	9848			65
SCHEDULE CREDIT	9887	1,301	0.91000	- 117
KENTUCKY WORKERS COMPENSATION SURCHARGE	KY SRG	1,411	1.07020	99
	<b>Total State Premium</b>			<b>\$ 1,510</b>
<b>Total Estimated Premium</b>				<b>\$ 1,510</b>

INSURED COPY



**Accident Fund**<sup>SM</sup>  
 NATIONAL INSURANCE COMPANY  
 PO BOX 77000 DEPT 77125  
 DETROIT MI 48277-0125

INSURED COPY  
 Invoice Date 03/30/2022

**Insured:**

SOUTH 641 WATER DISTRICT  
 PO BOX 126  
 HAZEL KY 42049

**Agent:**

PEEL & HOLLAND INC  
 1120 MAIN STREET  
 BENTON, KY 42025

Policy Number: WCV 6225120 00 02

Telephone: 270-527-8621

Policy Effective Date: 10/24/2021

Policy Expiration Date: 10/24/2022

**For billing questions please call 1-866-206-5851**

<u>Date</u>	<u>Type</u>	<u>Amount</u>	<u>Previously Paid</u>	<u>Amount Due</u>
10/24/2021	INITIAL INSTALLMENT	\$809.50	\$809.50	\$0.00
04/24/2022	INSTALLMENT	\$710.50		\$710.50

**Totals      \$1,520.00                      \$809.50                      \$710.50**  
**PAYMENT DUE                      04/24/2022**

PAYMENT MUST BE RECEIVED BEFORE DUE DATE TO AVOID CANCELLATION

DETACH ALONG THIS PERFORATION

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT  
 TO PAY YOUR BILL ONLINE, VISIT WWW.ACCIDENTFUND.COM

Thank you for your prompt payment.

Policy Number: WCV 6225120 00 02 9048328

Policy Effective Date: 10/24/2021

**Amount Due:                      \$710.50**

**Due Date:                              04/24/2022**

**Insured:**

SOUTH 641 WATER DISTRICT  
 PO BOX 126  
 HAZEL KY 42049

**Please Remit Payment to:**

ACCIDENT FUND  
 PO BOX 77000 DEPT 77125  
 DETROIT MI 48277-0125

0000000240



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: A478983-01

QUOTATION - COMMERCIAL PROPERTY

QUOTATION IS VALID: FROM 08/30/21 TO 10/24/21
PROPOSED POLICY PERIOD: FROM 10/24/21 TO 10/24/22

PREPARED FOR: SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126
PRESENTED BY: PEEL & HOLLAND
1120 MAIN ST
BENTON KY 42025-1450

AGENT: AT 2145
AGENT PHONE: (270)527-8621

INSURED IS: WATER DISTRICT BUSINESS DESC: WATER DISTRICT

Table with 2 columns: COVERAGES PROVIDED, PREMIUM. Rows include BLANKET 001 - SEE SCHEDULE FOR DESCRIPTION (\$ 3,426.00), TOTAL PROPERTY PREMIUM (\$ 3,426.00), KENTUCKY SURCHARGE (\$ 61.67), and TOTAL PROPERTY PREMIUM (\$ 3,487.67).

AS QUOTED ON: 08/30/21 (BPP)





CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: A478983-01

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

EXP DATE: 10/24/22

COMMERCIAL PROPERTY POLICY  
QUOTE

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	
*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	\$ 25
*IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 08/30/21

Prepared for: SOUTH 641 WATER DISTRICT

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K478983-02

QUOTATION - LINEBACKER

QUOTATION IS VALID FROM 08/30/21 TO 10/24/21
PROPOSED POLICY PERIOD: FROM 10/24/21 TO 10/24/22

PREPARED FOR: SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126
PRESENTED BY: PEEL & HOLLAND
1120 MAIN ST.
BENTON KY 42025-1450

AGENT: AT 2145
AGENT PHONE: (270)527-8621

INSURED IS: WATER DISTRICT BUSINESS DESC: WATER DISTRICT

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 )

Table with 2 columns: Description and Amount. Rows include: EACH LOSS \$ 1,000,000; AGGREGATE FOR EACH POLICY TERM \$ 1,000,000; INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) \$ 1,000

Table with 2 columns: Description and Amount. Rows include: TOTAL PREMIUM \$ 797.00; KENTUCKY SURCHARGE \$ 14.35; TOTAL ADVANCE PREMIUM \$ 811.35

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

AS QUOTED ON: 08/30/21 BPP

Prepared for: SOUTH 641 WATER DISTRICT





CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K478983-02

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

EXP DATE: 10/24/22

LINEBACKER POLICY  
QUOTE

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	
*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	\$ 16
*IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 08/30/21



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q478983-01

QUOTATION - CYBERSOLUTIONS

QUOTATION IS VALID: FROM 08/30/21 TO 10/24/21
PROPOSED POLICY PERIOD: FROM 10/24/21 TO 10/24/22

PREPARED FOR: PRESENTED BY:

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

PEEL & HOLLAND
1120 MAIN ST
BENTON KY 42025-1450

AGENT: AT 2145
AGENT PHONE: (270)527-8621

INSURED IS: WATER DISTRICT 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 Frequency. Includes rows for Data Compromise Coverage, Identity Recovery Coverage, Cyber Coverage, and Network Security Defense and Liability Limit.

AS QUOTED ON: 08/30/21 BPP





**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY  
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

QUOTE NUMBER: Q478983-22  
EXP DATE: 10/24/22

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

AS QUOTED ON: 08/30/21 BPP

Prepared for: SOUTH 641 WATER DISTRICT



**CONDITIONAL**

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q478983-01

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/21

EXP DATE: 10/24/22

CYBERSOLUTIONS POLICY  
QUOTE

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*DC7001	02-19	CYBERSOLUTIONS COVERAGE FORM	
*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

AS QUOTED ON: 08/30/21