

Nelson Insurance Agency, Inc.
 2000 Envoy Circle
 Louisville, KY 40299
 Phone: 502-736-7000 Fax: 502-736-7001

+ Henry County Water District +
 P O Box 219
 Campbellsburg, KY 40011-0219
 +

INVOICE NO. 24702		Page 1
ACCOUNT NO.	OP	DATE
HENRY-8	KH	07/21/2020
Commercial Package		
POLICY #		
CPO063267003		
COMPANY		
Zurich - Allied Public Risk		
PRODUCER		
D. Bradley Stewart		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
07/29/2022	07/29/2023	

itm #	Eff Date	Trn	Type	Policy #	Description	Producer	Amount
687803	07/29/20	MEM	PCKG	CPO063267000	20/21 Pkg/Umb/Professional	D. Bradley Stewart	\$43,373.49
					Invoice Balance:		\$43,373.49
					Account Balance:		(\$435.69)

1.5% Serv Chg will be applied to invoice not paid in 30 days

Nelson Insurance Agency, Inc.
 2000 Envoy Circle
 Louisville, KY 40299
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Henry County Water District
 P O Box 219
 Campbellsburg, KY 40011-0219
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+
 +

INVOICE NO. 26410		Page 1
ACCOUNT NO.	OP	DATE
HENRY-8	KH	07/28/2022
Commercial Package		
POLICY #		
CPO063267003		
COMPANY		
Zurich - Allied Public Risk		
PRODUCER		
D. Bradley Stewart		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
07/29/2022	07/29/2023	

itm #	Eff Date	Trn	Type	Policy #	Description	Producer	Amount
776615	07/29/22	REN	PCKG	CPO063267003	Package Renewal	D. Bradley Stewart	\$45,734.00
776615	08/09/22	CRP	PCKG	CPO063267003	Ck# 55112	D. Bradley Stewart	(\$45,734.00)
776616	07/29/22	CFE	PCKG	CPO063267003	Kentucky Surcharge	D. Bradley Stewart	\$398.21
776616	08/09/22	CRP	PCKG	CPO063267003	Ck# 55112	D. Bradley Stewart	(\$398.21)
776617	07/29/22	CFE	PCKG	CPO063267003	Policy Fee	D. Bradley Stewart	\$250.00
776617	08/09/22	CRP	PCKG	CPO063267003	Ck# 55112	D. Bradley Stewart	(\$250.00)
Invoice Balance:							\$0.00
Account Balance:							(\$435.69)

1.5% Serv Chg will be applied to invoice not paid in 30 days

Nelson Insurance Agency, Inc.
 2000 Envoy Circle
 Louisville, KY 40299
 Phone: 502-736-7000 Fax: 502-736-7001

INVOICE NO. 26405		Page 1
ACCOUNT NO.	OP	DATE
HENRY-8	KH	07/27/2022
Commercial Package		
POLICY #		
CPO063267002		
COMPANY		
Zurich - Allied Public Risk		
PRODUCER		
D. Bradley Stewart		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
07/29/2022	07/29/2023	

+ Henry County Water District +
 P O Box 219
 Campbellsburg, KY 40011-0219
 +

Item #	Eff Date	Trn	Type	Policy #	Description	Producer	Amount
776571	07/29/22	MEM	PCKG	CPO063267002	Package/Prof Renewals	D. Bradley Stewart	\$53,644.62
Invoice Balance:							\$53,644.62
Account Balance:							(\$435.70)

General Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/2023

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.

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).

PRODUCER Nelson Insurance Agency, Inc. 2000 Envoy Circle Louisville, KY 40299 D. Bradley Stewart		502-736-7000 CONTACT NAME: Kim Houser PHONE (A/C, No, Ext): 502-736-7000 FAX (A/C, No): 502-736-7001 E-MAIL ADDRESS: khouser@nelsoninsurancegroup.com	
INSURED Henry County Water District P O Box 219 Campbellsburg, KY 40011-0219		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Co NAIC # 16535 INSURER B: KY Employers Mutual Insurance 10320 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPO063267002	07/29/2021	07/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		CPO063267002	07/29/2021	07/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UMB063266802	07/29/2021	07/29/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	376514	07/29/2021	07/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER PROOF-1 Proof of Insurance PLEASE CONTACT AGENCY TO BE LISTED AS CERTIFICATE 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.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/2023

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PRODUCER Nelson Insurance Agency, Inc. 2000 Envoy Circle Louisville, KY 40299 D. Bradley Stewart		502-736-7000 CONTACT NAME: Kim Houser PHONE (A/C, No, Ext): 502-736-7000 FAX (A/C, No): 502-736-7001 E-MAIL ADDRESS: khouser@nelsoninsurancegroup.com
INSURED Henry County Water District P O Box 219 Campbellsburg, KY 40011-0219		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich - Allied Public Risk INSURER B: KY Employers Mutual Insurance INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 16535 10320

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPO063267003	07/29/2022	07/29/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1M/3M
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPO063267003	07/29/2022	07/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CPO063266803	07/29/2022	07/29/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	376514	07/29/2022	07/29/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER PROOF-1 Proof of Insurance PLEASE CONTACT AGENCY TO BE LISTED AS CERTIFICATE 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. AUTHORIZED REPRESENTATIVE
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Nelson Insurance Agency, Inc.
 2000 Envoy Circle
 Louisville, KY 40299
 Phone: 502-736-7000 Fax: 502-736-7001

INVOICE NO. 26412		Page 1
ACCOUNT NO.	OP	DATE
HENRY-8	KH	07/28/2022
Umbrella/Simpl (3/93)		
POLICY #		
CPO063266803		
COMPANY		
Zurich - Allied Public Risk		
PRODUCER		
D. Bradley Stewart		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
07/29/2022	07/29/2023	

+
Henry County Water District
 P O Box 219
 Campbellsburg, KY 40011-0219
 +

Itm #	Eff Date	Trn	Type	Policy #	Description	Producer	Amount
776620	07/29/22	REN	UM-S	CPO063266803	Umbrella Renewal	D. Bradley Stewart	\$3,615.00
776620	08/09/22	CRP	UM-S	CPO063266803	Ck# 55112	D. Bradley Stewart	(\$3,615.00)
776621	07/29/22	CFE	UM-S	CPO063266803	Kentucky Surcharge	D. Bradley Stewart	\$65.07
776621	08/09/22	CRP	UM-S	CPO063266803	Ck# 55112	D. Bradley Stewart	(\$65.06)
Invoice Balance:							\$0.01
Account Balance:							(\$435.69)

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 2000 Envoy Circle
 Louisville, KY 40299
 Phone: 502-736-7000 Fax: 502-736-7001

+
Henry County Water District
 P O Box 219
 Campbellsburg, KY 40011-0219
 +

INVOICE NO. 25519		Page 1
ACCOUNT NO.	OP	DATE
HENRY-8	KH	08/02/2021
Professional Liability		
POLICY #		
EOC063266903		
COMPANY		
Zurich - Allied Public Risk		
PRODUCER		
D. Bradley Stewart		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
07/29/2022	07/29/2023	

itm #	Eff Date	Trn	Type	Policy #	Description	Producer	Amount
730753	07/29/21	REN	PROF	EOC063266902	Professional Renewal	D. Bradley Stewart	\$3,472.00
730753	08/05/21	CRI	PROF	EOC063266902	Credit from Itm #730688	D. Bradley Stewart	(\$3,472.00)
730754	07/29/21	CFE	PROF	EOC063266902	Kentucky Tax	D. Bradley Stewart	\$62.50
730754	08/05/21	CRI	PROF	EOC063266902	Credit from Itm #730688	D. Bradley Stewart	(\$62.50)
Invoice Balance:							\$0.00
Account Balance:							(\$435.69)

1.5% Serv Chg will be applied to invoice not paid in 30 days



November 2, 2021

Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Final Audit Summary

Policy:	376514	Audit Date:	11/02/2021
Policy Name:	Henry County Water District	Audit Type:	Online Audit
Agent:	Nelson Insurance Agency Inc		
Policy Period:	07/29/2020 – 07/29/2021		
Days in Force:	365		

Code	Description	Payroll	Rate/ \$100	Premium
7520	Waterworks Operation & Drivers 1-Henry County Water District	\$716,494.00	\$2.36	\$16,909.00
8810	Clerical Office Employees NOC 1-Henry County Water District	\$236,211.00	\$0.14	\$331.00
8810	Clerical Office Employees NOC James Simpson	\$0.00	\$0.14	\$0.00

Total Manual Premium		\$17,240.00
Employers Liability Limits	1.1%	\$190.00
Experience Modification Premium 07/29/2020-07/29/2021	.75	-\$4,357.00
Schedule Rating Premium	.9	-\$1,307.00
Premium Discount		-\$737.00
Expense Constant		\$260.00
Terrorism Charge	.01	\$95.00
Catastrophe Charge	.01	\$95.00
Total Premium		\$11,479.00
Kentucky Special Fund Assessment	6.41%	\$735.80
Grand Total		\$12,214.80

Additional Premium/Return Premium: \$2,536.81

NOTICE



Making workers' comp work



00388111
00390

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

INVOICE

00388



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

WJW 658-7

Invoice Date	November 29, 2021
Invoice Number	2711175
Policy Number	376514
Current Balance	\$1,333.78
Due Date	12/24/2021

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation	Policy Period		Amount
	From	To	
Audit Premium Adjustment	07/29/2020	07/29/2021	\$2,384.00
Audit Special Fund Assessment Adjustment	07/29/2020	07/29/2021	2536.81 \$152.81
Premium Installment #5	07/29/2021	07/29/2022	\$1,246.29
Special Fund Assessment Installment #5	07/29/2021	07/29/2022	\$87.49
Current Charges			\$3,870.59

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$3,006.98		\$5,543.79		\$3,870.59		\$1,333.78
		<i>3006.98</i>				
		<i>2536.81</i>				

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	August 30, 2021
Invoice Number	2688790
Policy Number	376514
Current Balance	\$1,503.49
Due Date	09/24/2021

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	07/29/2021	07/29/2022	\$1,404.87
Special Fund Assessment Installment	#2	07/29/2021	07/29/2022	\$98.62
Current Charges				\$1,503.49

658-1
[Handwritten Signature]

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,503.49		\$1,503.49

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	07/29/2021	07/29/2022	\$2,805.53
Special Fund Assessment Installment	#1	07/29/2021	07/29/2022	\$196.95
Current Charges				\$3,002.48

658-1
[Handwritten Signature]

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$3,002.48		\$3,002.48
						Assessment
						Grand Total
						\$12,214.80

Additional Premium/Return Premium: \$2,536.81

NOTICE

INVOICE

00057



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	October 29, 2021
Invoice Number	2704552
Policy Number	376514
Current Balance	Due Date
\$3,006.98	UPON RECEIPT

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#4	07/29/2021	07/29/2022	\$1,404.87
Special Fund Assessment Installment	#4	07/29/2021	07/29/2022	\$98.62
Current Charges				\$1,503.49

Walker Carl - M L M

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$1,503.49		\$0.00		\$1,503.49		\$3,006.98

INVOICE

00054



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	December 29, 2021
Invoice Number	2719146
Policy Number	376514
Current Balance	Due Date
-1,203.03	N/A

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#6	07/29/2021	07/29/2022	\$1,246.29
Special Fund Assessment Installment	#6	07/29/2021	07/29/2022	\$87.49
Current Charges				\$1,333.78

658-1

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$1,333.78		\$3,870.59		\$1,333.78		-\$1,203.03

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number 376514 **Invoice Number** 2719146

To make a payment instantly, visit
www.kemi.com/quikpay

Please check this box for change of address or email update (on reverse).

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on check.
3. Please do not staple check to payment stub.
4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
 Payment Processing Center
 P.O. Box 12500
 Lexington, KY 40583-2500

Due Date: N/A
Amount Due: \$0.00

INVOICE

00178



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	
January 31, 2022	
Invoice Number	
2727274	
Policy Number	
376514	
Current Balance	Due Date
\$130.74	02/25/2022

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#7	07/29/2021	07/29/2022	\$1,246.28
Special Fund Assessment Installment	#7	07/29/2021	07/29/2022	\$87.49
Current Charges				\$1,333.77

William Corp
2/14/22

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
-\$1,203.03		\$0.00		\$1,333.77		\$130.74

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
376514

Invoice Number
2727274

To make a payment instantly, visit
www.kemi.com/quikpay

Please check this box for change of address of email update (on reverse).

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on check.
3. Please do not staple check to payment stub.
4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 02/25/2022
Amount Due: \$130.74

INVOICE

00053



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	June 24, 2022
Invoice Number	2768393
Policy Number	376514
Current Balance	Due Date
\$383.74	07/24/2022

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	07/29/2022	07/29/2023	\$2,486.50
Special Fund Assessment Installment	#1	07/29/2022	07/29/2023	\$172.56
Current Charges				\$2,659.06

658.1
/M

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
-\$2,275.32		\$0.00		\$2,659.06		\$383.74

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number

376514

Invoice Number

2768393

Please check this box for change of address of email update (on reverse).

To make a payment instantly, visit

www.kemi.com/quikpay

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on check.
3. Please do not staple check to payment stub.
4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 07/24/2022

Amount Due: \$383.74

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	August 29, 2022
Invoice Number	2785898
Policy Number	376514
Current Balance	Due Date
\$887.07	09/23/2022

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	07/29/2022	07/29/2023	\$829.50
Special Fund Assessment Installment	#2	07/29/2022	07/29/2023	\$57.57
Current Charges				\$887.07

658-1
16/

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$887.07		\$887.07

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number 376514
Invoice Number 2785898

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www.kemi.com/quikpay

Please check this box for change of address or email update (on reverse).

- If mailing payment, please:**
1. Make checks payable to KEMI.
 2. Include your Policy and Invoice Numbers on check.
 3. Please do not staple check to payment stub.
 4. Indicate change of address or e-mail update on reverse side of stub.
 5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
 Payment Processing Center
 P.O. Box 12500
 Lexington, KY 40583-2500

Due Date: 09/23/2022
Amount Due: \$887.07

INVOICE

00151


Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date
September 30, 2022
Invoice Number
2794599
Policy Number
376514
Current Balance
\$2,005.43
Due Date
10/25/2022

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation	Policy Period		Amount
	From	To	
Audit Premium Adjustment	07/29/2021	07/29/2022	\$1,045.00
Audit Special Fund Assessment Adjustment	07/29/2021	07/29/2022	\$73.36
Premium Installment #3	07/29/2022	07/29/2023	\$829.50
Special Fund Assessment Installment #3	07/29/2022	07/29/2023	\$57.57
Current Charges			\$2,005.43

658-1
14

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$887.07		\$887.07		\$2,005.43		\$2,005.43

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
376514

Invoice Number
2794599

To make a payment instantly, visit
www.kemi.com/quikpay

Please check this box for change of address or email update (on reverse).

- If mailing payment, please:**
1. Make checks payable to KEMI.
 2. Include your Policy and Invoice Numbers on check.
 3. Please do not staple check to payment stub.
 4. Indicate change of address or e-mail update on reverse side of stub.
 5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 10/25/2022
Amount Due: \$2,005.43

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	November 29, 2022
Invoice Number	2810770
Policy Number	376514
Current Balance	\$654.71
Due Date	12/24/2022

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#5	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#5	07/29/2022	07/29/2023	\$57.50
Current Charges				\$886.00



Watkins Corp

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
-231.29		\$0.00		\$886.00		\$654.71

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
376514

Invoice Number
2810770

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Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 12/24/2022

Amount Due: \$654.71

INVOICE

00523


Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	May 1, 2023
Invoice Number	2852707
Policy Number	376514
Current Balance	Due Date
\$885.98	05/26/2023

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#10	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#10	07/29/2022	07/29/2023	\$57.48
Current Charges				\$885.98

Willman Corp

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$886.00		\$886.00		\$885.98		\$885.98

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number 376514
Invoice Number 2852707

To make a payment instantly, visit
www.kemi.com/quikpay

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 4. Indicate change of address or e-mail update on reverse side of stub.
 5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
 Payment Processing Center
 P.O. Box 12500
 Lexington, KY 40583-2500

Due Date: 05/26/2023
Amount Due: \$885.98

INVOICE

00187



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	March 29, 2023
Invoice Number	2843424
Policy Number	376514
Current Balance	\$886.00
Due Date	04/23/2023

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation	#	Policy Period		Amount
		From	To	
Premium Installment	#9	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#9	07/29/2022	07/29/2023	\$57.50
Current Charges				\$886.00

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$886.00		\$886.00		\$886.00		\$886.00

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number Invoice Number

376514

2843424

Please check this box for change of address of email update (on reverse).

To make a payment instantly, visit
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5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 04/23/2023

Amount Due: \$886.00

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

658-1

Invoice Date	February 28, 2023
Invoice Number	2835217
Policy Number	376514
Current Balance	\$886.00
Due Date	03/25/2023

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#8	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#8	07/29/2022	07/29/2023	\$57.50
Current Charges				\$886.00

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$886.00		\$886.00		\$886.00		\$886.00

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number 376514
Invoice Number 2835217

To make a payment instantly, visit
www.kemi.com/quikpay

Please check this box for change of address of email update (on reverse).

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Kentucky Employers' Mutual Insurance
 Payment Processing Center
 P.O. Box 12500
 Lexington, KY 40583-2500

Due Date: 03/25/2023
Amount Due: \$886.00

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	January 30, 2023
Invoice Number	2826552
Policy Number	376514
Current Balance	\$886.00
Due Date	02/24/2023

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#7	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#7	07/29/2022	07/29/2023	\$57.50
Current Charges				\$886.00

Previous Balance	Payment Received	Current Charges	Current Balance
\$886.00	\$886.00	\$886.00	\$886.00

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.
Policy Number: 376514 Invoice Number: 2826552

Please check this box for change of address or email update (on reverse).

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16

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If mailing payment, please:

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4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 02/24/2023

Amount Due: \$886.00

INVOICE



Henry County Water District
PO Box 219
Campbellsburg, KY 40011

Invoice Date	December 29, 2022
Invoice Number	2818310
Policy Number	376514
Current Balance	Due Date
\$886.00	01/23/2023

AGENT: NELSON INSURANCE AGENCY INC (502)736-7000

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#6	07/29/2022	07/29/2023	\$828.50
Special Fund Assessment Installment	#6	07/29/2022	07/29/2023	\$57.50
Current Charges				\$886.00

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IM

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$654.71		\$654.71		\$886.00		\$886.00

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
376514

Invoice Number
2818310

To make a payment instantly, visit
www.kemi.com/quikpay

Please check this box for change of address or email update (on reverse).

If mailing payment, please:

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5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 01/23/2023
Amount Due: \$886.00