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

INVOI	CE NO.	24702	Page	1
ACCOUNT NO.	OP	DATE		
HENRY-8	KH	07/21/2020		
Commercial H	ackage			
POLICY#				
CPO06326700)3			
COMPANY				
Zurich - Allie	d Public Risk			
PRODUCER				
D. Bradley St	ewart			
EFFECTIVE	EXPIRATION	BALANCE DU	E ON	
07/29/2022	07/29/2023			

ltm #	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: Account Balance:		\$43,373.49 (\$435.69)

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

	CE NO.	26410	Page	1
ACCOUNT NO.	OP	DATE		
HENRY-8	KH	07/28/2022		
Commercial P	ackage			
POLICY#				
CPO06326700	13			
COMPANY	THE STATE OF THE S			
Zurich - Allied	l Public Risk			
PRODUCER				
D. Bradley Ste	ewart			
EFFECTIVE	EXPIRATION	BALANCE DU	E ON	1111111111
07/29/2022	07/29/2023			

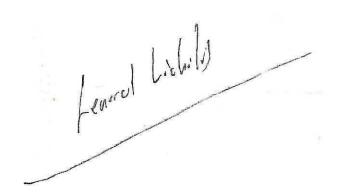
Amount	Producer	Description	Policy #	Туре	Trn	Eff Date	Itm #
\$45,734.00	D. Bradley Stewart	Package Renewal	CPO063267003	PCKG		07/29/22	776615
(\$45,734.00)	D. Bradley Stewart	Ck# 55112	CPO063267003	PCKG	CRP	08/09/22	776615
#200.21	D. Bradley Stewart	Kentucky Surcharge	CPO063267003	PCKG	CFE	07/29/22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

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

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

	CE NO.	26405	Page	1
ACCOUNT NO	OP	DATE		
HENRY-8	KH	07/27/2022		
Commercial	Package			
POLICY#				
CPO0632670	02			
COMPANY				
Zurich - Allie	d Public Risk			
PRODUCER	a r ubite Risk			
D. Bradley St	ewart			
EFFECTIVE	EXPIRATION	BALANCE DU	IF ON	
07/29/2022	07/29/2023		LON	

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



will be applied to invoice not paid in 30 days

OP ID: KH

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

	REPRESENTATIVE OR PRODUCER, A		SERVIN TOATE HOLDER.							
1	MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the cer	tificate holder in lieu of	e policy(ies) m the policy, cer such endorsen	ust ha tain p nent(s	ave ADDITIO policies may s).	NAL INSURED pro require an endor	ovisior semen	t. A	be endorsed. statement on
Ne	SON Insurance Agency Inc	50	2-736-7000	CONTACT KI	n Ho	user				
200	00 Envoy Circle			PHONE (A/C, No, Ext):	502-7	36-7000	15	AX A/C No.	502-	736-7001
D.	uisville, KY 40299 Bradley Stewart			E-MAIL ADDRESS: kh	ouse	r@nelsonin	surancegroup.	om		repaired and about
					IN	ISURER(S) AFFO	RDING COVERAGE			NAIC #
in a season	CONTRACTOR OF THE PROPERTY OF			INSURER A : Z			nsurance Co			16535
INS	URED Try County Water District			INSURER B : K	Y Em	ployers Mu	tual Insurance			10320
PO	Box 219			INSURER C :						1.0020
Cai	mpbellsburg, KY 40011-0219			INSURER D :						
				INSURER E :						
200000				INSURER F:						+
	OVERAGES CER	TIFICAT	ENUMBER:				REVISION NUME	ED.		
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES	THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	DED BY THE P	OLICIE ED BY	S DESCRIBEI PAID CLAIMS	ED NAMED ABOVE DOCUMENT WITH I	FOR TI	HE PC ST TO S ALL	OLICY PERIOD WHICH THIS THE TERMS,
LIR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLIC (MM/DD	Y EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	71 STATE OF THE ST						EACH OCCURRENCE		s	1,000,000
	CLAIMS-MADE X OCCUR		CPO063267001	07/29/2020 0	2020 07/29/2021	DAMAGE TO RENTED PREMISES (Ea occurre		s	1,000,000	
						Control Supersition of the	MED EXP (Any one per		s	5,000
							PERSONAL & ADV INJ		s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGAT		s	3,000,000
	POLICY PRO-						PRODUCTS - COMP/O	P AGG	\$	1,000,000
A	OTHER:						Emp Ben.		\$	1,000,000
	X ANY AUTO	IY AUTO CP0063267001					COMBINED SINGLE LII (Ea accident)	MIT	\$	1,000,000
	OWNED SCHEDULED AUTOS ONLY			07/29	2020	07/29/2021	BODILY INJURY (Per p	erson)	\$	
						BODILY INJURY (Per a	ccident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		s	*
Α	X UMBRELLA LIAB X OCCUR								\$	
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		UMB063266801	07/00			EACH OCCURRENCE		\$	4,000,000
No.	00 mile my 62		CWID003200001	07/29/	2020	07/29/2021	AGGREGATE		\$	
В							Loca		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		376514	07/00	0000	07/29/2021	X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	010014	07/29/	2020		E.L. EACH ACCIDENT		\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMP	PLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS BEIOW						E.L. DISEASE - POLICY	LIMIT	\$	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACODO	404 4 1 1111							
DEG	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD	101, Additional Remarks Schedu	ıle, may be attached	l if more	space is require	d)			
^E	TIFICATE HOLDED	·								
GER	RTIFICATE HOLDER		DDOOF 4	CANCELLA	ION					
			PROOF-1	SHOW DAY	V 0F 7	TUE ABOVE				
	Proof of Insurance			I THE EXPIR	ATION	DATE THE	SCRIBED POLICIES REOF, NOTICE W	BECA	NCELI	LED BEFORE
	PLEASE CONTACT AGEN	CY TO F	BE	ACCORDANG	CE WIT	TH THE POLICY	PROVISIONS.	3		
	LISTED AS CERTIFICATE	HOLDE	₹				-			- 1200
				AUTHORIZED REI	RESEN	NTATIVE				
				Book 7	Plu	LOVE				
100	DRD 25 (2016/03)			X						

HENRY-8

OP ID: KH

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

CERTIFICATE OF LIABILITY INSURANCE

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). 502-736-7000 CONTACT Kim Houser Nelson Insurance Agency, Inc. PHONE (A/C, No, Ext): 502-736-7000 2000 Envoy Circle Louisville, KY 40299 FAX (A/C, No): 502-736-7001 E-MAIL STANDERESS: khouser@nelsoninsurancegroup.com D. Bradley Stewart INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Zurich American Insurance Co 16535 INSURED Henry County Water District P O Box 219 INSURER B : KY Employers Mutual Insurance 10320 INSURER C: Campbellsburg, KY 40011-0219 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 ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE CLAIMS-MADE X OCCUR CPO063267002 DAMAGE TO RENTED PREMISES (Ea occurrence) 07/29/2021 07/29/2022 1,000,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 **GENERAL AGGREGATE** S POLICY PRO-JECT 1,000,000 PRODUCTS - COMP/OP AGG OTHER: Emp Ben. 1,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 X ANY AUTO CPO063267002 07/29/2021 07/29/2022 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY A X **UMBRELLA LIAB** X OCCUR 4.000.000 **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE UMB063266802 07/29/2021 07/29/2022 AGGREGATE RETENTION \$ B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 376514 07/29/2021 07/29/2022 1,000,000 N/A E.L. EACH ACCIDENT 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 1.000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION PROOF-1

Proof of Insurance PLEASE CONTACT AGENCY TO BE LISTED AS CERTIFICATE HOLDER

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

OP ID: KH

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). 502-736-7000 CONTACT Kim Houser Nelson Insurance Agency, Inc. 2000 Envoy Circle Louisville, KY 40299 D. Bradley Stewart PHONE (A/C, No, Ext): 502-736-7000 FAX (A/C. No): 502-736-7001 E-MAIL ADDRESS: khouser@nelsoninsurancegroup.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Zurich - Allied Public Risk 16535 INSURED Henry County Water District P O Box 219 INSURER B : KY Employers Mutual Insurance 10320 INSURER C : Campbellsburg, KY 40011-0219 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR CPO063267003 07/29/2022 07/29/2023 1,000,000 5.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 GENERAL AGGREGATE POLICY PRO-JECT 3,000,000 PRODUCTS - COMP/OP AGG OTHER: Emp Ben. 1M/3M A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 X ANY AUTO CPO063267003 07/29/2022 07/29/2023 BODILY INJURY (Per person) OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) X UMBRELLA LIAB X OCCUR 4,000,000 **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE CPO063266803 07/29/2022 07/29/2023 4,000,000 AGGREGATE RETENTION \$ B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 376514 07/29/2022 07/29/2023 1,000,000 N/A E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1.000.000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION PROOF-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Proof of Insurance PLEASE CONTACT AGENCY TO BE LISTED AS CERTIFICATE HOLDER AUTHORIZED REPRESENTATIVE ACORD 25 (2016/03)

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. 26412 Page 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

Amount	Producer	Description	Policy#	Туре	Trn	Eff Date	Itm#
\$3,615.00	D. Bradley Stewart	Umbrella Renewal	CPO063266803	UM-S UM-S	REN CRP	07/29/22 08/09/22	776620 776620
(\$3,615.00)	D. Bradley Stewart	Ck# 55112	CPO063266803	UM-S	CKr	00/09/22	770020
\$65.07	D. Bradley Stewart	Kentucky Surcharge	CPO063266803	UM-S	CFE	07/29/22	776621
(\$65.06)	D. Bradley Stewart	Ck# 55112	CPO063266803	UM-S	CRP	08/09/22	776621
\$0.01		Invoice Balance:					
(\$435.69)		Account Balance:					

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. 25519 Page 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

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



Henry County Water District PO Box 219 Campbellsburg, KY 40011

Final Audit Summary

Policy:

376514

Policy Name: Agent:

Henry County Water District Nelson Insurance Agency Inc

Policy Period: Days in Force: 07/29/2020 - 07/29/2021

365

Audit Date: Audit Type: 11/02/2021 Online Audit

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	ENTERN	\$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





INVOICE



Henry County Water District PO Box 219 Campbellsburg, KY 40011

. . .

WW 654-1

Invoice Date
November 29, 2021
Invoice Number
2711175
Policy Number
376514
Due Date

 Current Balance
 Due Date

 \$1,333.78
 12/24/2021

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

Current Transactions

Explanation		Policy Period	
Audit Premium Adjustment		From To	Amount
Audit Special Fund Assessment Adjustm	nomt.	07/29/2020 - 07/29/2021	2536 81 \$2,384.00
Premium Installment		07/29/2020 - 07/29/2021	\$152.81
	#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 \$3,006.98

\$5,543.79
3006.98
2536 81

+ Current Charges \$3,870.59

Current Balance \$1,333.78



INVOICE



Henry County Water District PO Box 219 Campbellsburg, KY 40011

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

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

Current Transactions

Explanation		Policy Period From To	X
Premium Installment	#2	Vicinity of the Control of the Contr	Amount
		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 MR-MM

Previous Balance \$0.00 Payment Received \$0.00

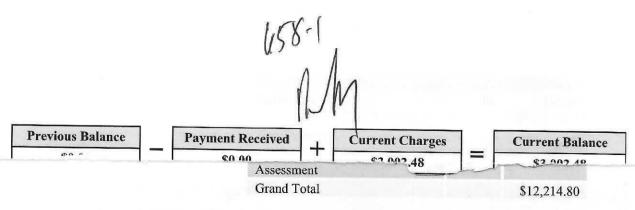
Current Charges \$1,503.49

Current Balance \$1,503.49

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

Current Transactions

Explanation		Policy Period From To	Amount
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



Additional Premium/Return Premium:

\$2,536.81

NOTICE





INVOICE



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 From To	
Premium Installment	#4		Amount
		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

Wollmar MGM

Previous Balance	Payment Received	C	ſ	
\$1,503,49		Current Charges	_	Current Balance
Ψ1,505.47	\$0.00	\$1,503.49	-	\$3,006.98





INVOICE



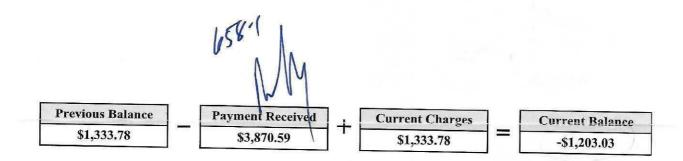
Henry County Water District PO Box 219 Campbellsburg, KY 40011

	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 From To	Amount
Premium Installment	#6	Value and the second	
		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



RETURN PAYMENT STUB

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

Policy Number Invoice Number

376514

2719146

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

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

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.

Due Date:

N/A

Amount Due:

\$0.00



INVOICE



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 From To	W
Premium Installment	#7		Amount
	π1	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 long

Previous Balance -\$1,203.03

Payment Received \$0.00

Current Charges \$1,333.77

Current Balance \$130.74

RETURN PAYMENT STUB

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

Policy Number Invoice Number 376514 2727274

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

Kentucky Employers' Mutual Insurance

Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500

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

Due Date:

02/25/2022

Amount Due:

\$130.74

INVOICE



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 From To	Amount
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

+

654.1

Previous Balance -\$2,275.32

Payment Received \$0.00

2768393

Current Charges \$2,659.06

Current Balance \$383.74

RETURN PAYMENT STUB

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

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

Kentucky Employers' Mutual Insurance **Payment Processing Center**

P.O. Box 12500 Lexington, KY 40583-2500 To make a payment instantly, visit www.kemi.com/quikpay

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- 5. Write questions or comments on separate enclosure.

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 From To	Amount
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

658-1 161

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 Invoice Number **Invoice Number**

376514 2785898

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

If mailing payment, please:

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- 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.

To make a payment instantly, visit

www.kemi.com/quikpay

5. Write questions or comments on separate enclosure.

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

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

Current Transactions

T- 1		Policy Period	
Explanation		From To	Amount
Audit Premium Adjustment		07/29/2021 - 07/29/2022	\$1,045.00
Audit Special Fund Assessment Adjustm	nent	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

108-1

Previous Balance	Payment Received	ابا	Current Charges] [Current Balance
\$887.07	\$887.07	T	\$2,005.43	=	\$2,005.43

RETURN PAYMENT STUB

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

Policy Number Invoice Number

376514

Invoice Number 2794599

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:

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- 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.
- Write questions or comments on separate enclosure.

Due Date:

10/25/2022

Amount Due:

\$2,005.43

INVOICE

00059

Henry County Water District PO Box 219 Campbellsburg, KY 40011

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

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

Current Transactions

Explanation		Policy Period From To	Amount
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

(M) Working Cong

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

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

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

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- 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.

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 From To	Amount
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



Previous Balance \$886.00 Payment Received \$886.00

Current Charges \$885.98 Current Balance \$885.98

RETURN PAYMENT STUB

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

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.

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	Due Date
\$886.00	04/23/2023

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

Current Transactions			
Explanation		Policy Period From To	Amount
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 | S886.00 | S886.00 | S886.00 | S886.00 | S886.00 | S886.00 | S886.00

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).

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500 To make a payment instantly, visit www.kemi.com/quikpay

If mailing payment, please:

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- 2. Include your Policy and Invoice Numbers on check.
- 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.

Due Date:

04/23/2023

Amount Due:

\$886.00



INVOICE



Henry County Water District PO Box 219 Campbellsburg, KY 40011

158-1

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

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

Current Transactions

Explanation		Policy Period From To	Amount
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 \$886.00

Payment Received \$886.00

Current Charges \$886.00

Current Balance \$886.00

RETURN PAYMENT STUB

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

376514

2835217

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

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
Due Date
02/24/2023

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

Current Transactions

Explanation		Policy Period From To	Amount
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 Invoice Number

376514

2826552

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

Kentucky Employers' Mutual Insurance **Payment Processing Center**

P.O. Box 12500

Lexington, KY 40583-2500

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

If mailing payment, please:

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

Due Date:

02/24/2023

Amount Due:

\$886.00

INVOICE

00052

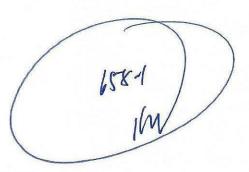
Henry County Water District PO Box 219 Campbellsburg, KY 40011

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

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

Current Transactions

Explanation		Policy Period From To	Amount
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



Previous Balance \$654.71

Payment Received \$654.71

Current Charges \$886.00 Current Balance \$886.00

RETURN PAYMENT STUB

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

Policy Number Invoice Number

376514 2818310

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

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500 To make a payment instantly, visit www.kemi.com/quikpay

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- 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.

Due Date:

01/23/2023

Amount Due:

\$886.00