

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

October 1, 2020

Henderson County Water District PO Box 655 Henderson, KY 42419

INFORMATION PAGES FOR POLICY NUMBER – **422964** KEMI 007

1. Policyholder: Henderson County Water District PO Box 655

Henderson, KY 42419

Federal ID: 610666756 Entity type: Municipality

2. Policy Period:

Effective: 12:01 AM 10/01/2020 Expires: 12:01 AM 10/01/2021

3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

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

This policy includes these endorsements:

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ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI_001_02	Special Fund Assessment
KEMI_002_03	Schedule of Additional Locations
KEMI_012_02	Premium Discount Endorsement
KEMI_014_04	Experience Modification Endorsement
KEMI_044_05	Terrorism Risk Insurance Program reauthorization Act Disclosure
	Endorsement
KEMI_045_03	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement
KEMI_061	Audit NonCompliance Charge Endorsement

4. Classifications

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC

CLASS RATING AND MANUAL PREMIUM	EXPOSURE	RATE	PREMIUM
DETAIL			
Henderson County Water			
District			
10/01/2020 - 10/01/2021			
8810-000	102,500	.14	\$144.00
7520-000	366,000	2.36	\$8,638.00

Total Manual Premium: \$8,782.00

PREMIUM CALCULATION DETAIL	ТҮРЕ	FACTOR	AMOUNT
10/01/2020 - 10/01/2021	Total Manual Premium		\$8,782.00
10/01/2020 - 10/01/2021			
	Employers Liability Limits	.008	\$70.00
	Employers Liability Increased		\$5.00
	Limits Balance to Minimum		
	Premium		
	Total Subject Premium		\$8,857.00
	Experience Modification Premium	.830	-\$1,506.00
	Total Modified Premium		\$7,351.00
Final Estimate	Total Standard Premium		\$7,351.00
	Premium Discount		-\$256.00
	Expense Constant		\$260.00
	Terrorism Charge		\$47.00
	Catastrophe Charge		\$47.00
	Estimated Annual Premium		\$7,449.00
	Kentucky Special Fund		\$477.48

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
	Assessment		
	Total Amount Due		\$7,926.48

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The INFORMATION PAGES and all the forms and endorsements and included with it, along with the policy document, complete this policy. Insurance under this policy is provided to the policyholder(s) listed in section 1 of the INFORMATION PAGES. In witness whereof the undersigned executed and attested this policy.

jon estevant