

October 1, 2021

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:

Expires:

12:01 AM

10/01/2021

12:01 AM

10/01/2022

### 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:

ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI_001_03	Special Fund Assessment
KEMI_002_03	Schedule of Additional Locations
KEMI_012_02	Premium Discount Endorsement
KEMI_014_04	Experience Modification Endorsement
KEMI 044_06	Terrorism Risk Insurance Program reauthorization Act Disclosure
	Endorsement
KEMI_045_04	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	EXPOSURE	RATE	PREMIUM
MANUAL PREMIUM			
DETAIL			
Henderson County Water			
District			
10/01/2021 - 10/01/2022			
8810-000	102,500	.13	\$133.00
7520-000	366,000	2.14	\$7,832.00

# Total Manual Premium: \$7,965.00

PREMIUM CALCULATION	TYPE	FACTOR	AMOUNT
DETAIL			
10/01/2021 - 10/01/2022	Total Manual Premium		\$7,965.00
	Employers Liability Limits	.008	\$64.00
	Employers Liability Increased		\$11.00
	Limits Balance to Minimum	:	
	Premium		
	Total Subject Premium		\$8,040.00
	Experience Modification Premium	.880	-\$965.00
	Total Modified Premium		\$7,075.00
Final Estimate	Total Standard Premium		\$7,075.00
	Premium Discount		-\$226.00
	Expense Constant		\$260.00
	Terrorism Charge		\$47.00
	Catastrophe Charge		\$47.00
	Estimated Annual Premium		\$7,203.00
	Kentucky Special Fund		\$505.65

PREMIUM CALCULATION DETAIL	ТҮРЕ	FACTOR	AMOUNT
	Assessment		
	Total Premium & Assessment		\$7,708.65

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.



# **INVOICE**

**Henderson County Water District** PO Box 655 Henderson, KY 42419

	Invoice Date	
	August 27, 2021	
	Invoice Number	
	2688518	
	Policy Number	
	422964	
Current Balance	Due Date	
\$2,566.98	09/26/2021	

AGENT: FORD-HAZELWOOD LLC (270)830-8877

#### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Premium Installment	#1	10/01/2021 - 10/01/2022	\$2,398.60
Special Fund Assessment Installment	#1	10/01/2021 - 10/01/2022	\$168.38
		Current Charges	\$2,566.98

Previous Balance		Payment Received	$\rfloor$ $\perp$ $\rfloor$	Current Charges		Current Balance
\$0.00	_	\$0.00	T	\$2,566.98	] = [	\$2,566.98

# **RETURN PAYMENT STUB**

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

**Policy Number** 422964

**Invoice Number** 2688518

Please check this box for change of address or e-mail update (on reverse).

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

Visit www.kemi.com/quikpay to pay online by check or credit card

### If mailing payment, please:

- 1. Make checks payable to KEMI.
- 2. Include your Policy and Invoice Numbers on check.
- 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:** 

09/26/2021

**Amount Due:** 

\$2,566.98



# **INVOICE**

Henderson County Water District PO Box 655 Henderson, KY 42419

	Invoice Date
	November 1, 2021
	Invoice Number
	2705335
	Policy Number
	422964
Current Balance	Due Date
-\$25.55	N/A

AGENT: FORD-HAZELWOOD LLC (270)830-8877

#### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Audit Premium Adjustment		10/01/2020 - 10/01/2021	-\$1,232.00
Audit Special Fund Assessment Adjustm	ent	10/01/2020 - 10/01/2021	-\$78.97
Premium Installment	#2	10/01/2021 - 10/01/2022	\$1,201.10
Special Fund Assessment Installment	#2	10/01/2021 - 10/01/2022	\$84.32
		Current Charges	-\$25.55

Previous Balance	Payment Received	 Current Charges		Current Balance
\$0.00	\$0.00	-\$25.55	-	-\$25.55

# **RETURN PAYMENT STUB**

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

Policy Number 422964

Invoice Number 2705335

Please check this box for change of address or e-mail update (on reverse).

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500

Lexington, KY 40583-2500

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Due Date: N/A

Amount Due: \$0.00



# **INVOICE**

Henderson County Water District PO Box 655 Henderson, KY 42419

	Invoice Date
	December 1, 2021
	Invoice Number
	2712815
	Policy Number
	422964
Current Balance	Due Date
\$1,259.87	12/26/2021

AGENT: FORD-HAZELWOOD LLC (270)830-8877

#### **Current Transactions**

		Policy Period	
Explanation	La Las Till	From To	Amount
Premium Installment	#3	10/01/2021 - 10/01/2022	\$1,201.10
Special Fund Assessment Installment	#3	10/01/2021 - 10/01/2022	\$84.32
		Current Charges	\$1,285.42

Previous Balance
-\$25.55

- Payment Received
\$0.00

+ Current Charges
\$1,285.42

= Current Balance
\$1,259.87

### **RETURN PAYMENT STUB**

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

Policy Number 422964

Invoice Number 2712815

Please check this box for change of address or e-mail update (on reverse).

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500 Visit www.kemi.com/pay to pay online by check or credit card.

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- 5. Write questions or comments on separate enclosure.

**Due Date:** 

12/26/2021

**Amount Due:** 

\$1,259.87



# **INVOICE**

**Henderson County Water District** PO Box 655 Henderson, KY 42419

	Invoice Date
	January 3, 2022
	Invoice Number
	2720599
	Policy Number
	422964
Current Balance	Due Date
\$1,285.42	01/28/2022

AGENT: FORD-HAZELWOOD LLC (270)830-8877

#### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Premium Installment	#4	10/01/2021 - 10/01/2022	\$1,201.10
Special Fund Assessment Installment	#4	10/01/2021 - 10/01/2022	\$84.32
		Current Charges	\$1,285.42

**Previous Balance Payment Received Current Charges Current Balance** \$1,259.87 \$1,259.87 \$1,285.42 \$1,285.42

### **RETURN PAYMENT STUB**

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

**Policy Number** 422964

**Invoice Number** 2720599

Please check this box for change of address or e-mail update (on reverse).

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

P.O. Box 12500 Lexington, KY 40583-2500

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# If mailing payment, please:

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- 5. Write questions or comments on separate enclosure.

**Due Date:** 

01/28/2022

**Amount Due:** 

\$1,285.42



# **INVOICE**

**Henderson County Water District** PO Box 655 Henderson, KY 42419

	Invoice Date		
	February 1, 2022		
	Invoice Number		
	2728148		
	Policy Number		
	422964		
Current Balance	Due Date		
\$1,285.41	02/26/2022		

AGENT: FORD-HAZELWOOD LLC (270)830-8877

#### **Current Transactions**

		Policy Period		
Explanation		From To	Amount	
Premium Installment	#5	10/01/2021 - 10/01/2022	\$1,201.10	
Special Fund Assessment Installment	#5	10/01/2021 - 10/01/2022	\$84.31	
		<b>Current Charges</b>	\$1,285.41	

Previous Balance	Payment Received	الدا	Current Charges		Current Balance
\$1,285.42	\$1,285.42		\$1,285.41	] = [	\$1,285.41

# **RETURN PAYMENT STUB**

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

**Policy Number** 422964

**Invoice Number** 2728148

Please check this box for change of address or e-mail update (on reverse).

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

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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.
- 5. Write questions or comments on separate enclosure.

**Due Date:** 

02/26/2022

**Amount Due:** 

\$1,285.41