

October 3, 2022

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

10/01/2022

Expires:

12:01 AM

10/01/2023

#### 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_05	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053_02	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 DETAIL	EXPOSURE	RATE	PREMIUM
Henderson County Water District			
10/01/2022 - 10/01/2023			
7520-000	366,000	1.95	\$7,137.00
8810-000	102,500	.13	\$133.00

# **Total Manual Premium:** \$7,270.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
10/01/2022 - 10/01/2023	Total Manual Premium		\$7,270.00
	Employers Liability Limits	.008	\$58.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$17.00
	Total Subject Premium		\$7,345.00
	Experience Modification Premium	.870	-\$955.00
	Total Modified Premium		\$6,390.00
Final Estimate	Total Standard Premium		\$6,390.00
	Premium Discount		-\$152.00
	Expense Constant		\$260.00
	Terrorism Charge		\$47.00
	Catastrophe Charge		\$47.00
	Estimated Annual Premium		\$6,592.00
	Kentucky Special Fund		\$457.48

PREMIUM CALCULATION	TYPE	FACTOR	AMOUNT
DETAIL			
	Assessment		
	Total Premium & Assessment		\$7,049.48

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 29, 2022
	Invoice Number
	2786143
	Policy Number
	422964
Current Balance	Due Date
\$2,347.48	09/26/2022

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

#### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Premium Installment	#1	10/01/2022 - 10/01/2023	\$2,195.14
Special Fund Assessment Installment	#1	10/01/2022 - 10/01/2023	\$152.34
		Current Charges	\$2,347.48

**Previous Balance Payment Received Current Charges Current Balance** \$0.00 \$0.00 \$2,347.48 \$2,347.48

### **RETURN PAYMENT STUB**

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

**Policy Number** 422964

**Invoice Number** 2786143

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.

#### 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:** 

09/26/2022

**Amount Due:** 

\$2,347.48



# **INVOICE**

Henderson County Water District PO Box 655 Henderson, KY 42419

Invoice Date
November 1, 2022
Invoice Number
2803927
Policy Number
422964
Due Date
11/26/2022

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

#### **Current Transactions**

		Policy Period	
Explanation	e participation	From To	Amount
Premium Installment	#2	10/01/2022 - 10/01/2023	\$1,099.22
Special Fund Assessment Installment	#2	10/01/2022 - 10/01/2023	\$76.28
		Current Charges	\$1,175.50

Previous Balance \$0.00 + Current Charges \$1,175.50 = Current Balance \$1,175.50

### **RETURN PAYMENT STUB**

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

Policy Number 422964

Invoice Number 2803927

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:** 

11/26/2022

**Amount Due:** 

\$1,175.50



# **INVOICE**

Henderson County Water District PO Box 655 Henderson, KY 42419

	Invoice Date
	December 1, 2022
	Invoice Number
	2811602
	Policy Number
	422964
Current Balance	Due Date
\$91.39	12/26/2022

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

#### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Audit Premium Adjustment		10/01/2021 - 10/01/2022	-\$1,013.00
Audit Special Fund Assessment Adjustm	ent	10/01/2021 - 10/01/2022	-\$71.11
Premium Installment	#3	10/01/2022 - 10/01/2023	\$1,099.22
Special Fund Assessment Installment	#3	10/01/2022 - 10/01/2023	\$76.28
		Current Charges	\$91.39

Previous Balance	Payment Received	1	Current Charges		Current Balance
\$1,175.50	\$1,175.50		\$91.39	1 = 1	\$91.39

### **RETURN PAYMENT STUB**

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

Policy Number 422964

Invoice Number 2811602

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.

### 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.

**Due Date:** 

12/26/2022

**Amount Due:** 

\$91.39



# **INVOICE**

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

	Invoice Date	
	January 3, 2023	
	Invoice Number	
	2819737	
	Policy Number	
_	422964	
Current Balance	Due Date	
\$1,175.50	01/28/2023	

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

### **Current Transactions**

		Policy Period	
Explanation		From To	Amount
Premium Installment	#4	10/01/2022 - 10/01/2023	\$1,099.22
Special Fund Assessment Installment	#4	10/01/2022 - 10/01/2023	\$76.28
		Current Charges	\$1,175.50

Previous Balance	Payment Received	الدا	Current Charges	Current Balance
\$91.39	\$91.39		\$1,175.50	\$1,175.50

### **RETURN PAYMENT STUB**

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

**Policy Number** 422964

**Invoice Number** 2819737

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.

### 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.

**Due Date:** 

01/28/2023

**Amount Due:** 

\$1,175.50



# **INVOICE**

Henderson County Water District PO Box 655 Henderson, KY 42419

	Invoice Date
	February 1, 2023
	Invoice Number
	2827633
	Policy Number
	422964
Current Balance	Due Date
\$1,175.50	02/26/2023

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

### **Current Transactions**

		Policy Period	
Explanation	44.	From To	Amount
Premium Installment	#5	10/01/2022 - 10/01/2023	\$1,099.20
Special Fund Assessment Installment	#5	10/01/2022 - 10/01/2023	\$76.30
		Current Charges	\$1,175.50

 Previous Balance
 Payment Received
 +
 Current Charges
 =
 Current Balance

 \$1,175.50
 \$1,175.50
 =
 \$1,175.50

### **RETURN PAYMENT STUB**

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

Policy Number 422964 Invoice Number 2827633

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:** 

02/26/2023

**Amount Due:** 

\$1,175.50