

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0911

Policy Period: 7/1/2022 to 7/1/2023

Insured Name and Address

For customer service please call

Reid Village Water District
950 Winchester Road
P.O. Box 610
Mount Sterling, KY 40353

(800)264-5226

Issued: 05/26/2022

Business Description Utilities

Agent: Sue Porter

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	3,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	1,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 10/14/2003	1,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	1,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		1,000
Personal Property	As Per Statement on File		1,000
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		1,000
Business Income	500,000	500,000	0
Flood	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	25,000
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty (Policy #: CIC1964)	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 5/26/2022



Invoice

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-800-264-5226
Fax: 1-502-875-8240

Agent Tony Fritts
Invoice Number K220510
Invoice Date 05/25/2022
Due Date 08/01/2022

Insured Name and Address

Reid Village Water District
950 Winchester Road
P.O. Box 610
Mount Sterling, KY 40353

Member Number 0911

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Rachel	Cartmill	Office Manager	(859)498-0062	(859)497-9984	rvwd@bellsouth.net

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2022	Annual Premium for 2022-2023 Policy Renewal	\$9,019.00	\$9,019.00
		Total Due	\$9,019.00

Payment Options:

- Option 1: Save 1%; pay \$8,928.81 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$4,509.49 plus 3 monthly payments of \$1,503.17

Please Note: Effective January 1, 2023, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022.

Servicing Agency
Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226

Please return a copy of this invoice with your payment

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

Agent: Tony Fritts

ITEM 1 -	Name and Address of Insured: Reid Village Water District 950 Winchester Road P.O. Box 610 Mount Sterling, KY 40353
ITEM 2 -	Certificate Number: WC2022-2382
ITEM 3 -	Effective Date: Friday, July 01, 2022 Expiration Date: Saturday, July 01, 2023 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
ITEM 5 -	Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: Statutory (b) For Employers Liability: \$2,500,000
ITEM 6 -	Workers Compensation Premium: \$4,306.00
ITEM 7 -	Special Fund Tax: \$299.00
ITEM 8 -	TOTAL PREMIUM:* \$4,605.00
ITEM 9 -	Payment Options: (1) Full payment by 8/1/2022. 1% discount applied = \$4,558.95 (2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance. 50% = \$2,302.50 Plus 3 monthly payments of \$767.50

Please Note: Effective January 1, 2023 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 26th day of May, 2022


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-234-5055

Invoice Number: W220356

Invoice Date: 05/26/2022

Agent: Tony Fritts

Member Name and Address:

Member ID: 2382

Reid Village Water District
950 Winchester Road
P.O. Box 610
Mount Sterling, KY 40353

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-2382	\$4,306.00
Special Fund Tax	\$299.00
Total Due	\$4,605.00

* You may elect to use one of the following payment options:

(1) Full payment by 8/1/2022. 1% discount applied = \$4,558.95

or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.

50% = \$2,302.50 Plus 3 monthly payments of \$767.50

Please Note: Effective January 1, 2023 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
(800) 264-5226

For claims service please call:

(866) 367-5226