

Invoice

Kentucky Association of Counties All Lines Fund

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

Invoice Number K230018
Invoice Date 06/01/2023
Due Date 08/01/2023

Insured Name and Address**Member Number** 3284

Western Mason County Water District
PO Box 841
West Union , OH 45693

Contact(s)

| <u>First Name</u> | <u>Last Name</u> | <u>Title</u> | <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |
|-------------------|------------------|--------------|------------------|---------------|----------------------|
| David | French | Manager | (606)882-3141 | (606)882-2321 | wmwd@maysvilleky.net |

Invoice Detail

| <u>Effective Date</u> | <u>Description</u> | <u>Premium</u> | <u>Amount Due</u> |
|-----------------------|---|----------------|-------------------|
| 07/01/2023 | Annual Premium for 2023-2024 Policy Renewal | \$9,569.00 | \$9,569.00 |
| Total Due | | | \$9,569.00 |

Payment Options:

- Option 1: Save 1%; pay \$9,473.31 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$4,784.51 plus 3 monthly payments of \$1,594.83

Please Note: Effective January 1, 2024, 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, 2023.

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

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: W230432
Invoice Date: 06/01/2023

Member Name and Address:

Member ID: 3136

Western Mason County Water District
PO Box 841
West Union , OH 45693

| Item | Amount |
|---|-------------------|
| Workers Compensation Insurance Premium - Policy WC2023-3136 | \$4,857.00 |
| Special Fund Tax | \$337.00 |
| Total Due | \$5,194.00 |

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

(1) Full payment by 8/1/2023. 1% discount applied = \$5,142.06
or

(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,596.99 Plus 3 monthly payments of \$865.67

Please Note: Effective January 1, 2024 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, 2023

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Servicing Agency:

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

For claims service please call:

(866) 367-5226