KACo WORKERS COMPENSATION FUND

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

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4			
ITEM 1 -	Name and Address of Insured:		
	East Casey County Water		
	Middlesburg Street		
	PO Box 56		
	Liberty, KY 42539		
ITEM 2 -	Certificate Number: WC2022-1231		
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 Cancellation Notice: 60 Days - Pursuant to KRS 304.50		
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Works	ers Compensation Law	. (KRS 342)
ITEM 5 -	Company's Limit of Indemnity Each Occurrence:		
	(a) For Workers Compensation:	Stat	utory
	(b) For Employers Liability:	\$2,500	,000
ITEM 6 -	Workers Compensation Premium:	\$4,68	1.00
ITEM 7 -	Special Fund Tax:	\$32	5.00
ITEM 8 -	TOTAL PREMIUM:*	\$5,00	6.00
ITEM 9 -	Payment Options:		
	(1) Full payment by 8/1/2022. 1% discount applied = \$4,95	55.94	

- (1) Full payment by 8/1/2022. 1% discount applied = \$4,955.94
- (2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance. 50% = \$2,503.01 Plus 3 monthly payments of \$834.33

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

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

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

KACo WORKERS COMPENSATION FUND

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

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

ITEM 1 -	Name and Address of Insured:	
	East Casey County Water	
	Middlesburg Street	
	PO Box 56	
	Liberty, KY 42539	
ITEM 2 -	Certificate Number: WC2021-1231	
ITEM 3 -	Effective Date: Thursday, July 01, 2021	Expiration Date: Friday, July 01, 2022
		RS 304.50
	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence:	
	Coverage under this Certificate applies to the Kentuck	
	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence:	ky Workers Compensation Law. (KRS 342)
ITEM 5 -	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation:	ky Workers Compensation Law. (KRS 342) Statutory
ITEM 5 -	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability:	ky Workers Compensation Law. (KRS 342) Statutory \$2,500,000
ITEM 4 - ITEM 5 - ITEM 6 - ITEM 7 - ITEM 8 -	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability: Workers Compensation Premium:	Statutory \$2,500,000 \$4,816.00
ITEM 5 - ITEM 6 - ITEM 7 -	Coverage under this Certificate applies to the Kentuck Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability: Workers Compensation Premium: Special Fund Tax:	Statutory \$2,500,000 \$4,816.00 \$338.00

- (1) Full payment by 8/1/2021. 1% discount applied = \$5,102.46
- (2) 50% payment by 8/1/2021 and 3 subsequent equal monthly pmts. on balance. 50% = \$2,577.00 Plus 3 monthly payments of \$859.00

Please Note: Effective January 1, 2022 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, 2021

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 1st day of June, 2021

Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

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