

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: W230398
Invoice Date: 06/01/2023

Member Name and Address:

Member ID: 1231

East Casey County Water
Middlesburg Street
PO Box 56
Liberty, KY 42539

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-1231	\$4,695.00
Special Fund Tax	\$326.00
Total Due	\$5,021.00

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

- (1) Full payment by 8/1/2023. 1% discount applied = \$4,970.79
or
- (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,510.51 Plus 3 monthly payments of \$836.83

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

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

KACo WORKERS COMPENSATION FUND

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

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

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- ITEM 1 -** Name and Address of Insured:
East Casey County Water
Middlesburg Street
PO Box 56
Liberty, KY 42539
- ITEM 2 -** Certificate Number: WC2023-1231
- ITEM 3 -** Effective Date: Saturday, July 01, 2023 Expiration Date: Monday, July 01, 2024
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: \$4,695.00
- ITEM 7 -** Special Fund Tax: \$326.00
- ITEM 8 -** TOTAL PREMIUM:* \$5,021.00
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2023. 1% discount applied = \$4,970.79
(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,510.51 Plus 3 monthly payments of \$836.83

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

* 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 1st day of June, 2023


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky