Kentucky Association of Counties All Lines Fund

400 Englewood Drive Frankfort, KY 40601 **Declarations Page**

cy Number P&C0903 ired Name and Address

Policy Period: 7/1/2021 to 7/1/2022 For customer service please call

(800)264-5226

Issued:

06/01/2021

ntgomery County Water District No. 1 2 Camargo Road Int Sterling, KY 40353

ness Description

Utilities

Agent: Tony Fritts

urn 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.

erage	A commence of the commence of		Deductible
neral Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Enforcement (Per OCC/AGG)	NCD	NCD	NCD
rs/Ommissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
loyment Practices (Per claim / AGG) oactive Date: 08/18/2003	3,000,000	3,000,000	1,000
r Liability (Per claim / AGG) pactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Liability (CSL)	3,000,000		
Auto Comprehensive	Hired/Non-Owned		0
Auto Collision	Hired/Non-Owned		500
P.I.P. (No Fault)	10,000		500
Under Insured/Un-Insured	60,000	20,000	0
Non Owned Auto Coverage	Primary	60,000	0
erty/Buildings	As Per Statement on File		
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		500
Inland Marine & EDP	As Per Statement on File		1,000
Business Income	500,000	500,000	500
od (Excluding Special Hazard Area	1,000,000	500,000	0
Flood - Zones A & V)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	05.000
(Other than Employee Dishonesty)	150,000	OGG F UIICY	25,000
byee Dishonesty	150,000		500
Defense Coverage	KIRCHMONDUC		250
1010.030	50,000		0

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esentative	

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Fri	1 Junn
, , , ,	Justice

Date 6/1/2021

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:	
	Montgomery County Water District No. 1	
	4412 Camargo Road	
	Mount Sterling, KY 40353	
ITEM 2 -	Certificate Number: WC2021-2377	
ITEM 3 -	Effective Date: Thursday, July 01, 2021	Expiration Date: Friday, July 01, 2022
	12:01 A.M., standard time at the address of the Inst Cancellation Notice: 60 Days - Pursuant to KRS 30	ared as stated herein
	- Tursdain to KRS 30	14.50
ITEM 4 -		
	Coverage under this Certificate applies to the Kentucky W Company's Limit of Indemnity Each Occurrence:	
ITEM 4 - ITEM 5 -	Coverage under this Certificate applies to the Kentucky W	orkers Compensation Law. (KRS 342)
	Coverage under this Certificate applies to the Kentucky W Company's Limit of Indemnity Each Occurrence:	
	Coverage under this Certificate applies to the Kentucky W Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability:	Statutory \$2,500,000
ITEM 5 -	Coverage under this Certificate applies to the Kentucky W Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability: Workers Compensation Premium:	Statutory \$2,500,000 \$1,542.00
ITEM 5 - ITEM 6 -	Coverage under this Certificate applies to the Kentucky W 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
ITEM 5 - ITEM 6 - ITEM 7 -	Coverage under this Certificate applies to the Kentucky W Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: (b) For Employers Liability: Workers Compensation Premium:	Statutory \$2,500,000 \$1,542.00

(1) Full payment by 8/1/2021, 1% discount applied = \$1,633.50
 (2) 50% payment by 8/1/2021 and 3 subsequent equal monthly pmts, on balance.

50% = \$825.00 Plus 3 monthly payments of \$275.00

Please Note: Effective January 1, 2022 any outstanding balance due on this premium will accrue a compounding monthly 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.