

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:
Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325
- ITEM 2 -** Certificate Number: WC2022-0982
- 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: \$4,973.00
- ITEM 7 -** Special Fund Tax: \$345.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$5,318.00**
- ITEM 9 -** Payment Options:
- (1) Full payment by 8/1/2022. 1% discount applied = \$5,264.82
 - (2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,659.01 Plus 3 monthly payments of \$886.33

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

* 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

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive
Frankfort, KY 40601

Declarations Page

Policy Number P&C0209

Policy Period: 7/1/2023 to 7/1/2024

Insured Name and Address

Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325

For customer service please call
(800)264-5226

Issued: 7/10/2023

Business Description Utilities

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	500
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: 07/01/2003	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		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	See Policy
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 7/10/2023

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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Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325
- ITEM 2 -** Certificate Number: WC2023-0982
- 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: \$5,023.00
- ITEM 7 -** Special Fund Tax: \$349.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$5,372.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2023. 1% discount applied = \$5,318.28
(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,686.01 Plus 3 monthly payments of \$895.33

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.

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Dated at Frankfort, Kentucky this 1st day of June, 2023


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0209

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

Insured Name and Address

For customer service please call

Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325

(800)264-5226

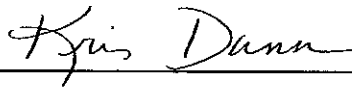
Issued: 05/26/2022

Business Description Utilities

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	500
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: 07/01/2003	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		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area Flood - Zones A & V)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	25,000
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 5/26/2022

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: W230367
Invoice Date: 06/01/2023

Member Name and Address:

Member ID: 0982

Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-0982	\$5,023.00
Special Fund Tax	\$349.00
Total Due	\$5,372.00

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

(1) Full payment by 8/1/2023. 1% discount applied = \$5,318.28
or

(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,686.01 Plus 3 monthly payments of \$895.33

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

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1847
13818

PAID
JUN 13 2023
BY: 28070



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 K230752
Invoice Date 06/01/2023
Due Date 08/01/2023

Insured Name and Address

Member Number 0209

Muhlenberg County Water District #3
PO Box 67
Bremen, KY 42325

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Cindy	Darr	Office Manager	(270)525-6333	(270)525-0025	cindy@muhlenbergwater.com
Benjamin	Tooley	Superintendent	(270)525-6333	(270)525-0025	ben@muhlenbergwater.com

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	\$17,999.00	\$17,999.00
		Total Due	\$17,999.00

Payment Options:

- Option 1: Save 1%; pay \$17,819.01 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$8,999.51 plus 3 monthly payments of \$2,999.83

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.

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BY: 28121

2801
184-6 ~~(11,987)~~ (5951.88)
184-8 ~~(11,987)~~ (11,867.13)
13906

Servicing Agency

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

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

KACo Workers Compensation Fund - Payroll Audit

Member Name: Muhlenberg County Water District #3
 Member #: 0982
 Policy Number: WC2022-0982
 Policy Period: 7/1/2022 - 7/1/2023

Coverage administered under: KACo Workers Compensation
 In the State of: KY

Class	Class Description	Coverage	Estimated Payroll	Estimated Premium	Actual Payroll	Actual Premium
7520	Waterworks operations & drivers	3.93	\$170,000	\$6,681.00	\$184,163	\$7,237.61
8742	Board Members	0.48	\$18,000	\$86.40	\$18,000	\$86.40
8810	Clerical office employees	0.23	\$110,000	\$253.00	\$107,754	\$247.83

Subtotal for Classes		\$7,020.40	\$7,571.84
Prorata Adjustment	1.0000	7,020.00	7,572.00
Experience Modifier	0.9200	(562.00)	(606.00)
Schedule Credits	0.7700	(1,485.00)	(1,602.00)
Premium Discounts:		0.00	0.00
Premium Subtotal		4,973.00	5,364.00
Minimum Premium		350.00	350.00
Tax Fund		345.00	372.00
Total Annual Premium		\$5,318.00	\$5,736.00

Invoice Number: P220431
 Invoice Date: 10/11/2023
 Invoice Due Date: 02/29/2024

Please remit payment with a copy of this invoice to:

KACO Workers Compensation
 400 Englewood Drive
 Frankfort, KY 40601

Additional Premium Due \$418.00

Please note: Effective March 1, 2024, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5% (minimum \$5 charge). To make certain no interest is charged, be sure to make full payment visibly postmarked no later than February 29, 2024.

* If you have any questions, please call 1-800-264-5226

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