

# 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: W220218  
Invoice Date: 05/26/2022

**Member Name and Address:**

**Member ID:** 3218

Peaks Mill Water District  
7165 US 127 North  
Frankfort, KY 40601

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-3218	\$350.00
Special Fund Tax	\$24.00
<b>Total Due</b>	<b>\$374.00</b>

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

(1) Full payment by 8/1/2022. 1% discount applied = \$370.26  
or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.  
50% = \$187.01 Plus 3 monthly payments of \$62.33

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

**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

**INVOICE**

# 3046  
4/7/23

**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: W230316  
Invoice Date: 06/01/2023

**Member Name and Address:**

**Member ID:** 3218

Peaks Mill Water District  
7165 US 127 North  
Frankfort, KY 40601

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-3218	\$2,160.00
Special Fund Tax	\$150.00
<b>Total Due</b>	<b>\$2,310.00</b>

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

- (1) Full payment by 8/1/2023. 1% discount applied = \$2,286.90  
or
- (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.  
50% = \$1,155.00 Plus 3 monthly payments of \$385.00

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



# Invoice

Handwritten: H # 3045 4/17/23

## Kentucky Association of Counties All Lines Fund

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

RECEIVED

JUN 11 2023

Invoice Number: K230339  
Invoice Date: 06/01/2023  
Due Date: 08/01/2023

### Insured Name and Address

Member Number: 3344

Peaks Mill Water District  
7165 US 127 North  
Frankfort, KY 40601

### Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andi	Bredek				
Jancy	Sherrow	Office Manager			pmwd2011@att.net
Roseanne	Wise	Admin	(502)227-5740		pmwd2011@att.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	\$8,388.00	\$8,388.00
<b>Total Due</b>			<b>\$8,388.00</b>

### Payment Options:

- Option 1: Save 1%; pay \$8,304.12 by due date ←
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50% = \$4,194.00 plus 3 monthly payments of \$1,398.00

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

Invoice Number K220449  
Invoice Date - 05/25/2022  
Due Date 08/01/2022

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**Insured Name and Address**

**Member Number** 3344

Peaks Mill Water District  
7165 US 127 North  
Frankfort, KY 40601

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andi	Breeck				
Nancy	Sherrow	Office Manager			pmwd2011@atl.net
Roseanne	Wise	Admin	(502)227-5740		pmwd2011@atl.net

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**Invoice Detail**

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2022	Annual Premium for 2022-2023 Policy Renewal	\$5,638.00	\$5,638.00
07/01/2022	Addition of 2011 Ford F-250 (0511) valued at \$12,600 - after pricing released	\$802.00	\$802.00
	<b>Total Due</b>		<b>\$6,440.00</b>

Payment Options:

- Option 1: Save 1%; pay \$6,375.60 by due date ←
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50% = \$3,220.01 plus 3 monthly payments of \$1,073.33

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 guaranteed no later than December 31, 2022.

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**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

## Association of Counties All Lines Fund

Drive  
KY 40601  
800-264-5226  
1-502-875-8240

Invoice Number K211117  
Invoice Date 04/13/2022  
Due Date 05/13/2022

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### Insured Name and Address

Member Number 3344

Peaks Mill Water District  
7165 US 127 North  
Frankfort, KY 40601

### Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andi	Breck				
Nancy	Sherrow	Office Manager			pmwd2011@att.net
Roseanne	Wise	Admin	(502)227-5740		pmwd2011@att.net

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### Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
04/12/2022	Addition of 2011 Ford F250 (0511) valued at \$12,600 (first auto on policy)	\$802.00	\$175.64
<b>Total Due</b>			<b>\$175.64</b>

Payment Option: Due Upon Receipt

Servicing Agency  
Kentucky Association of Counties All Lines Fund  
800-264-5226

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

Please return a copy of this invoice with your payment

Div - water

# Public Entity Insurance

505 Wellington Way, Suite 275  
Lexington, KY 40503

Phone: (859) 296-4580

Fax: (859) 296-4583

<b>Invoice # 143081</b>	<b>Page 1 of 1</b>
<b>Account Number</b>	<b>Date</b>
PEAKMI-P01	5/5/2023
<b>BALANCE DUE ON</b>	
6/1/2023	
<b>AMOUNT PAID</b>	<b>Amount Due</b>
	\$2,905.00

**PEAKS MILL WATER DISTRICT**  
7165 US 127 NORTH  
FRANKFORT, KY 40601

**CSR**  
Piper Gayheart

Commercial Diff In Conditions	PolicyNumber: TBD	Effective: 7/1/2023 to 7/1/2024
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
1552910	7/1/2023	6/1/2023	RENB	23-24 Earthquake Renewal	\$2,853.00
1552911	7/1/2023	6/1/2023	CFEE	KY Surcharge	\$52.00
<b>Total Invoice Balance:</b>					<b>\$2,905.00</b>

PAYMENT DUE BY DUE DATE OR UPON RECEIPT OF INVOICE.  
PAYMENT AUTHORIZES US TO PROCESS YOUR ORIGINAL CHECK AS A SUBSTITUTE CHECK.

# Public Entity Insurance

05 Wellington Way, Suite 27F  
Frankfort, KY 40503

Phone: (859) 296-4580

Fax: (859) 296-4583

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Invoice # <b>142767</b>	Page <b>1 of 1</b>
Account Number	Date
PEAKMI-P01	4/27/2023
BALANCE DUE ON	
5/21/2023	
AMOUNT PAID	Amount Due
	\$480.50

**PEAKS MILL WATER DISTRICT**  
7165 US 127 NORTH  
FRANKFORT, KY 40601

CSR  
Piper Gayheart

Commercial-Bond ————— PolicyNumber: 014248962 ————— Effective: 5/21/2023 to 5/21/2024 —

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
49233	5/21/2023	5/21/2023	RENB	23-24 Fidelity Bond Renewal	\$472.00
49234	5/21/2023	5/21/2023	CFEE	KY Surcharge	\$8.50
<b>Total Invoice Balance:</b>					<b>\$480.50</b>

PAYMENT DUE BY DUE DATE OR UPON RECEIPT OF INVOICE.

PAYMENT AUTHORIZES US TO PROCESS YOUR ORIGINAL CHECK AS A SUBSTITUTE CHECK.

# INVOICE

**The Insurance Store, LLC**

326 St. Clair Street  
 P.O. Box 5210  
 Frankfort, KY 40602

# 3179  
 10/4/23

Customer	Peaks Mill Water District
Acct #	429
Date	10/04/2023
Customer Service	Chenault & Hoge, Inc.
Page	1 of 1

Peaks Mill Water District  
 7165 U.S. 127 N  
 Frankfort, KY 40601

Payment Information	
Invoice Summary	\$ 203.60
Payment Amount	
Payment for:	Invoice#114919
LPM8389581 16	

Thank You

Please detach and return with payment



Customer: Peaks Mill Water District

Invoice	Effective	Transaction	Description	Amount
114919	11/13/2023	Renew policy	Policy #LPM8389581 16 11/13/2023-11/13/2024 ZURICH NORTH AMERICA / FIDELITY & DEPOSIT CO  Encroachment Permit Bond - Renew policy KY SURCHARGE - Renew policy	200.00 3.60
<b>Total</b>				<b>\$ 203.60</b>

Thank You

The Insurance Store, LLC  
 326 St. Clair Street P.O. Box 5210  
 Frankfort, KY 40602

(502)875-2244

admin@chenaultthoge.com

Date

10/04/2023



**The Insurance Store, LLC**

326 St. Clair Street  
P.O. Box 5210  
Frankfort, KY 40602

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JAN 2

**INVOICE**

Customer	Peaks Mill Water District
Acct #	429
Date	01/24/2023
Customer Service	Chenault & Hoge, Inc.
Page	1 of 1

Peaks Mill Water District  
7165 U.S. 127 N  
Frankfort, KY 40601

Payment Information	
Invoice Summary	\$ 254.50
Payment Amount	
Payment for:	Invoice#106063
09051880	

Thank You

Please detach and return with payment

Customer: Peaks Mill Water District

Invoice	Effective	Transaction	Description	Amount
106063	02/09/2023	Renew policy	Policy #09051880 02/09/2023-02/09/2026 ZURICH NORTH AMERICA / FIDELITY & DEPOSIT CO  Surety - Renew policy KY SURCHARGE - Renew policy Renewal Encroachment Bond	250.00 4.50

Total

\$ 254.50

Thank You

*Pay with credit card and mail it had to  
be paid. 2/1/23*

The Insurance Store, LLC  
326 St. Clair Street P.O. Box 5210  
Frankfort, KY 40602

(502)875-2244

Date

admin@chenaulthoge.com

01/24/2023