



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 K220517
Invoice Date 05/25/2022
Due Date 08/01/2022

Insured Name and Address

Member Number 1636

Garrison-Quincy-KY-O Heights Water District
284 Murphys Lane
PO Box 279
Garrison, KY 41141

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andrea	Johnson	Finance Officer	(606)757-4898		Ad_johnson@windstream.net
Trent	Underwood	Manager			teunderwood@windstream.net

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	\$9,417.00	\$9,417.00
		Total Due	\$9,417.00

Payment Options:

- Option 1: Save 1%; pay \$9,322.83 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$4,708.50 plus 3 monthly payments of \$1,569.50

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.

7/13/22 - CK - 16460 - 4708.50.

8/8/22 CK 16492 - 1600.00.

9/12/22 CK 16534 - 1569.50.

leaving bal of 1539.00

10/1/22 CK 16569 - 1539.00

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

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number **P&C1636**

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

Insured Name and Address

Garrison-Quincy-KY-O Heights Water District
284 Murphys Lane
PO Box 279
Garrison, KY 41141

For customer service please call
(800)264-5226

Issued: 7/1/2022

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			<i>Deductible</i>
General Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2015	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000		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

Kris Dana

Date 7/1/2022

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: W220243
Invoice Date: 05/26/2022

Member Name and Address:

Member ID: 0782

Garrison-Quincy-KY-O Heights Water District
284 Murphys Lane
PO Box 279
Garrison, KY 41141

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-0782	\$3,591.00
Special Fund Tax	\$249.00
Total Due	\$3,840.00

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

- (1) Full payment by 8/1/2022. 1% discount applied = \$3,801.60
or
- (2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$1,920.00 Plus 3 monthly payments of \$640.00

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

7/13/22 - CK - 16440 1920.00.
8/5/22 CK 16492 1600.00.
9/12/22 CK 16534 320.00.

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:
Garrison-Quincy-KY-O Heights Water District
284 Murphys Lane
PO Box 279
Garrison, KY 41141
- ITEM 2 -** Certificate Number: WC2022-0782
- 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: \$3,591.00
- ITEM 7 -** Special Fund Tax: \$249.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$3,840.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2022. 1% discount applied = \$3,801.60
(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$1,920.00 Plus 3 monthly payments of \$640.00

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

APPLICATION FOR MEMBERSHIP AGREEMENT

Kentucky Association of Counties
Workers Compensation Fund

NAME: Garrison-Quincy-KY-O Heights Water District

ADDRESS: 284 Murphys Lane, PO Box 279, Garrison, KY 41141

WE ARE LOCATED IN THE COUNTY OF: Lewis

CURRENT WORKERS COMP CARRIER: KACo Workers Compensation Fund

I (we) hereby formally apply for continuing membership for workers compensation coverage in the Kentucky Association of Counties Workers Compensation Fund to be effective 12:01 a.m. Friday, July 01, 2022, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

X [Signature]
Signature of Applicant

X [Signature]
Signature of Witness

Trust Underwrite Manager
Type Name and Title

61-0724771
Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

Garrison-Quincy-KY-O Heights Water District, is a member of the Kentucky Association of Counties Workers Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2022.

Signed this _____ day of _____,
20____

Kris Dunn, Associate Director of Insurance
KACO Workers Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.