

Billing Questions (888) 866-2666
Email info@cnasurety.com

Premium \$240.00
Tax Surcharge \$4.32

NEBO WATER DISTRICT
45 N. BERNARD ST
NEBO, KY 42441

pd. 1-5-23
CK# 19331



Amount Due \$244.32

Bond Detail

Bond # 65147803 Obligee OBLIGEE ADDRESS UNKNOWN
Company Western Surety Company
Term Dates 08/26/2023 to 08/26/2024
Bond Amount \$50,000.00
Description KY P.E. Name Schedule (5)

Agent Information

Messages

Kentucky League of Cities
Insurance Agency, Inc.
100 E. Vine St., Ste. 800
Lexington, KY 40507
Phone : (859)977-3700

Payment Instructions



- **Pay Online at ONLINEPAY.CNASURETY.COM**
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
Make check payable to CNA Surety
Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

Billing Questions (888) 866-2666
Email info@cnaSurety.com

Premium \$100.00
Tax Surcharge \$1.80

NEBO WATER DISTRICT
45 N. BERNARD ST
NEBO, KY 42441

pd. 8-28-23
CK#19423



Amount Due \$101.80

Bond Detail

Bond #	15359301	Obligee	TRANSPORTATION CABINET
Company	Western Surety Company		DIVISION OF CONSTRUCTION
Term Dates	10/24/2023 to 10/24/2024		3RD FLOOR WEST WING
Bond Amount	\$8,500.00		200 MERO STREET
Description	KY Highway Encroachment		FRANKFORT KY 40622

Agent Information

H U B International Mid-South
P. O. Box 549
Madisonville, KY 42431-0549
Phone : (270)821-3122

Messages

CNA Surety writes contract (bid and performance) bonds! Contact your agent listed below for more information on our contract bond program. We want your contract surety business! (Subject to underwriting & certain restrictions apply.)

Payment Instructions



- Pay Online at ONLINEPAY.CNASURETY.COM
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
Make check payable to CNA Surety
Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

Cole & Durham

145 E. Center St., Suite 1A
Madisonville, KY 42431

INVOICE

Customer	Nebo Water District
Acct #	42593
Date	02/09/2023
Customer Service	Karla Martz
Page	1 of 1

*pd. 2-13-23
ck# 19040*

Nebo Water District
45 N. Bernard St
Nebo, KY 42441

Payment Information	
Invoice Summary	\$ 50.90
Payment Amount	
Payment for:	Invoice#681615
999236439	

Thank You

Please detach and return with payment



Customer: Nebo Water District

Invoice	Effective	Transaction	Description	Amount
681615	02/01/2023	New business	Policy #999236439 02/01/2023-02/01/2027 Liberty Mutual Insurance Company / Liberty Mutual Ins. Co. Bonds - New business Other Misc Taxes & Surcharges - New business Due Date: 2/9/2023 <i>for Mark - Notary</i>	 50.00 0.90

Total
\$ 50.90

Thank You

Cole & Durham
145 E. Center St., Suite 1A
Madisonville, KY 42431

(270)821-5527

Date
02/09/2023

INVOICE

Cole & Durham
 1075 N. Main St.
 Madisonville, KY 42431

Customer	Nebo Water District
Acct #	42593
Date	01/08/2024
Customer Service	Karla Martz
Page	1 of 1

Nebo Water District
 45 N. Bernard St
 Nebo, KY 42441

Payment information	
Invoice Summary	\$ 50.90
Payment Amount	
Payment for:	Invoice#744680
999303373	

Thank You

Please detach and return with payment



Customer: Nebo Water District

Invoice	Effective	Transaction	Description	Amount
744680	01/07/2024	New business	Policy #999303373 01/07/2024-01/07/2028 Liberty Mutual Surety Notary Bond - Kaleb Matheny Other Misc Taxes & Surcharges - New business Due Date: 1/8/2024	50.00 0.90
Total				\$ 50.90

Thank You

Cole & Durham 1075 N. Main St. Madisonville, KY 42431	(270)821-5527	Date
		01/08/2024

**WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY**

PLEASE READ THE POLICY CAREFULLY



A Member of Great American Insurance Group

PO Box 988 • Lakeland, FL 33802-0988

FOR INQUIRIES CALL: SUMMIT CUSTOMER SERVICE
1-800-282-7648 or (863) 665-6060
SUMMIT CLAIMS CENTER
To report Notice of Injury, call 1-800-762-7811

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
QUICK REFERENCE**

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PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**PART SIX
CONDITIONS****A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

Executed by the President of Bridgefield Casualty Insurance Company.



Carol Sipe

DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT

The policy does not cover work conducted at or from places or situations described below .

This policy is secondary to an Owner Controlled Insurance Program ("OCIP") policy for work you perform at a worksite that is covered by an OCIP policy that provides workers' compensation and employers liability coverage to you. This includes work performed on wrap-up construction projects, owner-controlled insurance programs, or other similar programs or policies that go by a different name. This applies even if the workplace or situation is not specifically identified in this endorsement.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

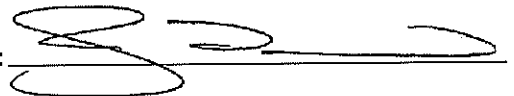
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned over a horizontal line.

Insured: Nebo Water District

WC 00 03 02 (Ed. 4-84)

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

<u>Person</u>	<u>Title</u>	<u>State</u>	<u>Start Date</u>	<u>Stop Date</u>
Billy Brown	Treasurer	KY	08/25/10	
Christopher Winstead	Secretary	KY	12/14/21	
Michael Shocklee	Chairman	KY	08/25/20	

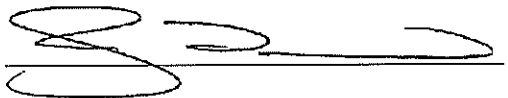
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by: 

Insured: Nebo Water District

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

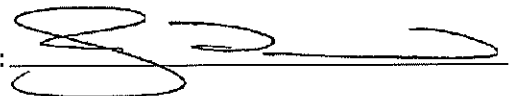
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, positioned over a horizontal line.

Insured: Nebo Water District

WC 00 04 03 (Ed. 4-84)

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State: Kentucky

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

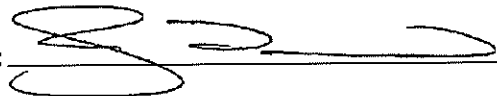
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, appearing to be 'S. S.', written over a horizontal line.

Insured: Nebo Water District

WC 00 04 04 (Ed. 4-84)

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			
Kentucky	First \$5,000.00 0.00%	Next \$95,000.00 10.9%	Next \$400,000.00 12.6%	Balance 14.4%

2. Average percentage discount: _____ %

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

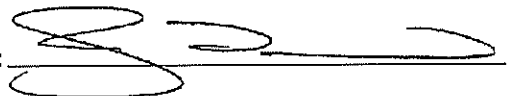
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

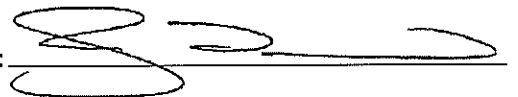
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned above a solid horizontal line.

Insured: Nebo Water District

WC 00 04 14 A (Ed. 1-19)

PART FIVE - PREMIUM AMENDATORY ENDORSEMENT

This endorsement amends Part Five—Premium of the policy as follows:

Part Five—Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

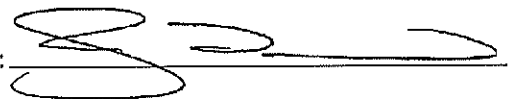
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

State	Schedule	Premium
Kentucky	.02/KY	See Item 4 of the Information Page

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

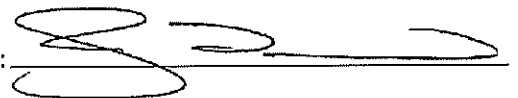
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
Kentucky	.01/KY	See Item 4 of the Information Page

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by: 

Insured: Nebo Water District

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five—Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5—Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule		
State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
Kentucky	Estimated Annual Premium	Up to two times

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

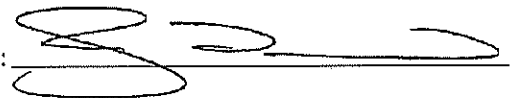
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

WC 00 04 24 (Ed. 1-17)

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement is added to Part Five—Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

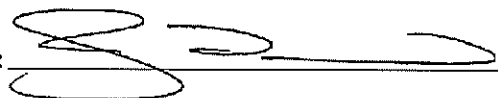
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by: _____

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned above a solid horizontal line.

Insured: Nebo Water District

WC 00 04 25 (Ed. 5-17)

LEGAL ACTION/COLLECTION ENDORSEMENT

The following section is added to PART SIX: CONDITIONS.

F. Legal Action/Collection

We may impose a late charge not to exceed 18 percent per annum on your insurance premium account once those accounts remain unpaid for a period of 30 days beyond the date that the original premium or other sum of money was due and owing under the policy. Such charges shall be clearly indicated on all bills and statements of account.

Furthermore, you agree to pay us \$20 in the event that you write us a check that the financial institution refuses to honor, unless you provide us with full payment of the check amount within ten days-notice of the financial institution's refusal to honor your check.

If an amount in default is referred for collection to an attorney, the insured agrees to pay the insurer's attorneys' fees not exceeding 25 percent of the sum of the delinquent amount and any delinquency and collection fee charged by the insurer.

This endorsement applies to the state(s) listed here:

Kentucky

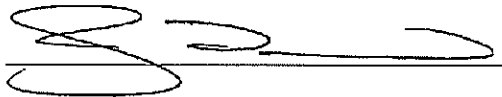
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by: 

Insured: Nebo Water District

EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: June 7, 2023

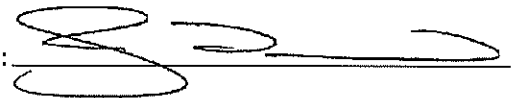
Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Insured: Nebo Water District

Countersigned by: _____

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a flourish.

KENTUCKY PART ONE WORKERS COMPENSATION INSURANCE ENDORSEMENT

This endorsement modifies the insurance policy to which it is attached and applies to the insurance provided by this policy because Kentucky is shown in Item 3.A. of the Information Page.

F. 3. of Part One, Workers Compensation Insurance of the policy is replaced by the following:

F. Payments You Must Make

- 3. you fail to comply with a health or safety law or regulation; provided that, however, we are responsible for payment of any amounts in excess of the benefits regularly provided under the workers compensation law of this state if an accident is caused in any degree by the intentional failure of the employer to comply with any specific statute or lawful administrative regulation made thereunder, communicated to the employer and relative to the installation or maintenance of safety appliances or methods as provided in KRS 342.165(1); or

Except for any payments for which we are responsible as provided in Section F.3. above, if we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

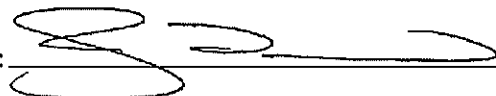
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

WC 16 03 05 (Ed. 6-07)

KENTUCKY CANCELATION AND NONRENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will deliver or mail advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will deliver or mail to you not less than 75 days advance written notice stating when the cancellation is to take effect and our reason or reasons for cancellation. If we cancel for nonpayment of premium or within 60 days of the date of issuance of the policy, we will deliver or mail this notice not less than 14 days prior to the effective date of cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. After coverage has been in effect more than 60 days or after the effective date of a renewal policy, we may not cancel the policy unless cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. discovery of fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or presenting a claim under the policy;
 - c. discovery of willful or reckless acts or omissions on your part increasing any hazard originally insured;
 - d. changes in conditions after the effective date of the policy or any renewal substantially increasing any hazard originally insured;
 - e. a violation of any local fire, health, safety, building, or construction regulation or ordinance at any of your covered workplaces substantially increasing any hazard originally insured;
 - f. our involuntary loss of reinsurance for the policy;
 - g. a determination by the commissioner that the continuation of the policy would place us in violation of Kentucky insurance laws.

Nonrenewal

1. We may elect not to renew the policy. We will deliver or mail to you not less than 75 days advance written notice stating our intention not to renew and our reason or reasons for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will be deemed to be renewed for the ensuing policy period upon payment of the appropriate premium, and coverage will continue until you have accepted replacement coverage with another insurer, until you have agreed to the nonrenewal, or until the policy is canceled.
3. If we have delivered or mailed to you a renewal notice, bill, certificate, or policy not less than 30 days before the end of the current policy period clearly stating the amount and due date of the renewal premium charge, then the policy will terminate on the due date without further notice unless the renewal premium is received by us or our agent on or before the due date. If the policy terminates in this manner, we will deliver or mail to you within 15 days of termination at your mailing address shown in Item 1 of the Information Page a notice that the policy was not renewed and the date on which coverage ceased to exist. Proof of mailing of the renewal premium to us or our agent on or before the due date will constitute a presumption of receipt on or before the due date.

4. If we offer to renew the policy for a premium amount more than 25% greater than the premium amount for the current policy term for like coverage and like risks, we will deliver or mail to you and to your agent not less than 75 days advance written notice of the renewal premium amount. We may at our option, in order to comply with this requirement, extend the period of coverage of the current policy at the expiring premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

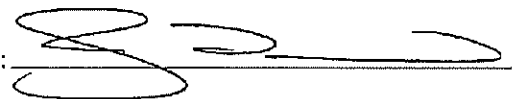
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by: _____

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a solid horizontal line.

Insured: Nebo Water District

KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

NOTICE OF YOUR RIGHTS

If you believe that the rates or the rating system under this policy have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to us or the National Council on Compensation Insurance, Inc. (NCCI). We or NCCI has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, we or NCCI shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of your review. Your appeal is to be sent to:

Legal Division
Department of Insurance
P.O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from us or NCCI. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may, after the hearing, issue a final order affirming, modifying or reversing our or NCCI's action.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

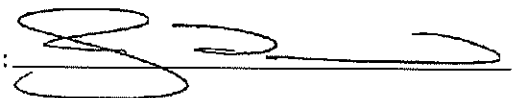
Date Prepared: June 7, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:



Insured: Nebo Water District

WC 16 06 02 (Ed. 10-99)

Workers' Comp Invoice



Member of Great American Insurance Group

Amount Due \$448.35
 Policy Number 0196-22636
 Invoice Level Policy
 Invoice Date 03/04/2023
 Invoice ID 12628130

Nebo Water District
 45 N Bernard St
 Nebo, KY 42441-9541

pd. 3-14-23
ck# 19096

Contact Us

Customer Service: 800-282-7648
 Review Policy/Make a Payment: www.summitholdings.com
 Agency: Riddle Insurance, R. Barga and Company
 Agency Phone: 270-821-3122

Unit	State	Policy Term	Description	Due Date	EFT Draft Date	Amount Due
			Current Invoice			
			Workers' Comp Policy	03/25/2023		\$216.64
			Workers' Comp Policy - Audit	03/25/2023		\$231.71

\$448.35

If payment has been made to satisfy the total due, please disregard this notice.

▼ Please fold, detach at perforation and return bottom portion with your payment in the enclosed envelope.

Invoice Date: 03/04/2023

Invoice ID: 12628130

Electronic Funds Transfer Authorization or Changes (See Reverse). EFT not available for WebCap Customers.

For Specific Due Date Reference Above		
Policy Number 0196-22636		
EFT Amount to Be Drafted (See Reverse)	Current Charges Due via Check/Online Payment	Past Due - Pay Immediately
\$0.00	\$448.35	\$0.00
Total		\$448.35

Amount Paid:

448.35

Bridgefield Casualty Insurance Company
 P.O. Box 32034
 Lakeland, FL 33802-2034

Nebo Water District
 45 N Bernard St
 Nebo, KY 42441-9541

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE - ITEM 4 PREMIUM

CARRIER: Bridgefield Casualty Insurance Company
 P.O. Box 988
 Lakeland, FL 33802-0988
 (863)665-6060

AGENCY: Hub International Mid-South - 5216
 P.O. Box 549
 Madisonville, KY 42431
 (270)821-3122

INSURED: Nebo Water District
DBA:
 45 N Bernard St
 Nebo, KY 42441

POLICY NUMBER: 196 - 22636 0000
POLICY PERIOD: 08/25/23 - 08/25/24 12:01 AM

*pd. 7-10-23
 CK # 19338*

ESTIMATED PREMIUM

CODE NO.	CLASSIFICATIONS	PREMIUM BASIS: Total Estimated Annual Remuneration	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
	KY-Kentucky			
7520	WATERWORKS OPERATION & DRIVERS	168,172.00	1.71	2,875.74
8810	CLERICAL OFFICE EMPLOYEES NOC	65,200.00	.11	71.72
	Total Manual Premium			2,947.46
	Experience Mod			1.00
	Standard Premium			2,947.46
	Expense Constant			140.00
	Terrorism			23.34
	Catastrophe Charge			46.67
	Special Fund Assessment 6.94%			219.13
	Total Cost			3,376.60

*M.P.
 Charles L. White*

Minimum Premium: \$578.00

TOTAL COST IS SHOWN ON THE LAST PAGE OF THIS EXTENSION

cmb

Date Prepared: 06/07/23

Time Prepared: 03:36 PM



A Member of Great American Insurance Group
 A Stock Insurer • P.O. Box 988 • Lakeland, FL 33802-0988

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

NCCI Carrier Code Number 34169 Policy number 196-22636

Item 1. Insured

Name Nebo Water District
 and
 Mailing Address 45 N Bernard St
Nebo, KY 42441-9541

RISK I.D. 160088079

Individual Corporation
 Partnership Subchapter "S"
 Other

FEIN 61-0974474

Other Workplaces not shown above:

SEE EXTENSION OF INFORMATION PAGE ITEM 1

Item 2. Policy Period

The policy period is from 08/25/23 12:01 a.m. to 08/25/24 12:01 a.m. at the insured's mailing address.

Item 3. Coverage

- A. Workers Compensation Insurance; Part One of the policy applies to the Workers Compensation Law of the states listed here:
 Kentucky
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 100,000	each accident
Bodily Injury by Disease	\$ 100,000	each employee
Bodily Injury by Disease	\$ 500,000	policy limit
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
 Alabama Georgia Mississippi North Carolina Texas Florida Virginia Oklahoma Tennessee South Carolina Indiana Arkansas Louisiana
- D. This policy includes these endorsements and schedules:
 SEE EXTENSION OF INFORMATION PAGE ITEM 3.D

Item 4. Premium

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

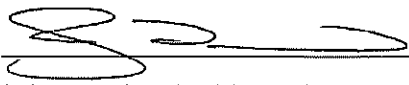
Classifications	Code No.	Premium Basis: Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
SEE EXTENSION OF INFORMATION PAGE ITEM 4 - PREMIUM				

Total Estimated Annual Premium \$ 3,017.47

Expense Constant \$ 140.00

Minimum Premium \$ 578.00

Total Cost \$ 3,376.60

Countersigned by 
 5216 Hub International Mid-South
 cmb Date Prepared:06/07/23

Date 06/07/23

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF INFORMATION PAGE - ITEM 1 - SCHEDULE OF INSURED AND OTHER WORKPLACES

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Hub International Mid-South - 5216
P.O. Box 549
Madisonville, KY 42431
(270)821-3122

INSURED: Nebo Water District
DBA:
45 N Bernard St
Nebo, KY 42441-9541

POLICY NUMBER: 196 - 22636
POLICY PERIOD: 08/25/23 - 08/25/24

Insured and Other Workplaces

Nebo Water District
45 N Bernard St
Nebo, KY 42441-9541
FEDERAL ID# 61-0974474
NONPROFIT CORPORATION

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF INFORMATION PAGE - ITEM 3.D - SCHEDULE OF FORMS AND ENDORSEMENTS

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Hub International Mid-South - 5216
P.O. Box 549
Madisonville, KY 42431
(270)821-3122

INSURED: Nebo Water District
DBA:
45 N Bernard St
Nebo, KY 42441-9541

POLICY NUMBER: 196 - 22636
POLICY PERIOD: 08/25/23 - 08/25/24

Schedule of Endorsements

It is hereby understood and agreed that the following forms and endorsements are attached to and are a part of this policy.

<u>Form Number:</u>	<u>Edition:</u>	<u>Description:</u>
WC 00 03 02	04-84	Designated Workplaces Exclusion Endt
WC 00 03 08	04-84	Partners, Officers and Others Exclusion Endt
WC 00 04 03	04-84	Experience Rating Modification Factor Endt
WC 00 04 04	04-84	Pending Rate Change Endt
WC 00 04 06	08-84	Premium Discount Endt
WC 00 04 14 A	01-19	90-Day Notification of Change in Ownership Endt
WC 00 04 19 A	08-22	Part Five - Premium Amendatory Endt
WC 00 04 21 F	08-22	Catastrophe(Other Than Certified Acts of Terrorism
WC 00 04 22 C	01-21	Terrorism Risk Ins. Program Reauthorization Act Di
WC 00 04 24	01-17	Audit Noncompliance Endt
WC 00 04 25	05-17	Experience Rating Modification Factor Revision End
WC 16 03 05	06-07	KY Part One WC Insurance Endt
WC 16 06 01	12-97	KY Cancelation and Nonrenewal Endt
WC 16 06 02	10-99	KY Notice of Appeal Rights Endt
WC 99 03 03	11-11	Employers Liability Coverage Endt
WC 99 06 09	05-17	Legal Action/Collection Endt



Member of Great American Insurance Group

SUMMIT MANAGES
RetailFirst Insurance Company
BusinessFirst Insurance Company
Retailers Casualty Insurance Company
Bridgefield Casualty Insurance Company
Bridgefield Employers Insurance Company

www.summitholdings.com

October 24, 2023

Valerie Coffman
Nebo Water District
45 N Bernard St
Nebo, KY 42441-9541

RE: BCIC #196-22636

Dear Valerie Coffman:

Enclosed are the results of the premium audit that was recently completed for your workers' compensation coverage through Bridgefield Casualty Insurance Company.

Please refer to the attached Premium Summary Statement(s) for policy period and premium information. An invoice will be mailed to you under separate cover and will provide you with the amount of difference between premium already paid and premium due as a result of this audit.

If you have any questions regarding this information, please contact our Customer Service department at 1-800-282-7648.

Questions regarding the audited payroll can be directed to the Premium Audit Reconciliation unit at 1-800-282-7648.

Thank you,

Summit Premium Audit department

Enclosure(s)

cc: Hub International Mid-South - 5216
Barrett McGaw II
PO Box 427
Benton, KY 42025

www.summitholdings.com

Summit's loss prevention services are advisory only. We assume no responsibility for management or control of customer safety activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices during our visit(s). We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met. We disclaim any liability for legal action that may arise out of our loss prevention services. Contact your attorney if you have any questions about the applicability of this information provided to your business and its legal ramifications.

**Workers' Compensation
Premium Audit Summary**



Member of Great American Insurance Group

This summary details the results of your policy's recent premium audit.

Policy Number: 196 - 22636
 Audit Date: 10/11/23
 Prepared Date: 10/23/23

Contact Us

Customer Care: 1-800-282-7648
 Review Policy/Make a Payment: www.summitholdings.com
 Agency: Hub International Mid-South
 Agency Phone: 270-821-3122

Nebo Water District
 45 N Bernard St
 Nebo, KY 42441-9541

The audit for this policy term has been completed. The results are as follows:

Unit	State	Policy Term	Description	Audited Premium	Payments/Credits Applied	Audit Results
	KY	08/25/2022 - 08/25/2023	Workers' Comp Premium Audit	\$3,633.52	\$3,678.30	\$(44.78)

The figures below reflect what was reported/estimated compared to audited results:
 (Manual premium is based on payroll multiplied by the rate. It is calculated prior to experience mods, credits and other adjustments being applied, and may vary from total audited or billed premium.)

Unit	Reported Payroll	Audited Payroll	Payroll Difference	Estimated Manual Premium	Audited Manual Premium	Manual Premium Difference
	\$233,372.00	\$239,237.00	\$5,865.00	\$3,229.58	\$3,185.95	\$(43.63)*

THIS IS NOT A BILL

Any pending payments or credits are not included in this summary. Your next invoice will reflect the amount due or eligible refund.

Please see enclosed for audited payroll and premium results. For details of reported payroll by class code, your Audit Details are available on our website at summitholdings.com with a valid login.

*The premium difference does not reflect the balance owed or due on your policy.

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

Item 4.* Class, Rate, Other (WC 89 04 15)

is changed to read:

See Extension of Endorsement

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

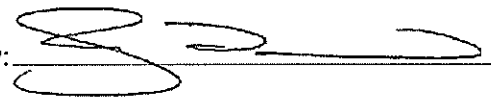
Date Prepared: October 23, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2022

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small flourish at the end.

Insured: Nebo Water District

WC 89 06 00 B (Ed. 7-01)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF ENDORSEMENT WC 89 04 15 - ITEM 4**

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Hub International Mid-South - 5216
PO Box 427
Benton, KY 42025
(270)821-3122

INSURED: Nebo Water District
DBA:
45 N Bernard St
Nebo, KY 42441

POLICY NUMBER: 196 - 22636 0000
POLICY PERIOD: 08/25/22 - 08/25/23 12:01 AM

AUDITED

CODE NO.	CLASSIFICATIONS KY-Kentucky	PREMIUM BASIS: Total Estimated Annual Remuneration	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
7520	WATERWORKS OPERATION & DRIVERS	165,227.00	1.87	3,089.74
8810	CLERICAL OFFICE EMPLOYEES NOC	74,010.00	.13	96.21
	Total Manual Premium			3,185.95
	Experience Mod			1.00
	Standard Premium			3,185.95
	Expense Constant			140.00
	Terrorism			23.92
	Catastrophe Charge			47.85
	Special Fund Assessment 6.94%			235.80
	Total Cost			3,633.52

Minimum Premium: \$619.00

er

Date Prepared: 10/23/23
WC 89 04 15 - ITEM 4

**TOTAL COST IS SHOWN ON THE LAST
PAGE OF THIS EXTENSION**

Time Prepared: 10:00 AM



11/8/2023

Nebo Water District
45 N Bernard St
Nebo KY 42441

RE: Bridgefield Casualty Insurance Company - 19622636

Dear Insured,

Enclosed is an endorsement to be attached to your Worker's Compensation policy from Bridgefield Casualty Insurance Company. This endorsement for amending payrolls per audit is effective August 25,2023 through August 25,2024, per your request.

This endorsement resulted in a return premium of \$41.61, which will be reflected on your next statement from the carrier.

Although we have checked this endorsement for accuracy, we ask that you please take a moment to review and let us know if any other changes need to be made.

Thank you for giving us this opportunity to assist you with your insurance needs. Should you have any questions or require further information, please do not hesitate to contact our office.

Sincerely,

Terri Hack
Account Manager

Riddle Office | 245 S Main | P O Box 245 | Madisonville KY 42431
Phone: 270-821-3122 | Fax: 270-825-3844 | riddleins.com

Worth Office | 2625 Frederica Street | Suite 1B | Owensboro KY 42301
Phone: 270-926-4438 | Fax: 270-926-4536 | worthins.com



Member of Great American Insurance Group

Managed by Summit, the *people* who *know* workers' comp®
www.summitholdings.com

Valerie Coffman
Nebo Water District
45 N Bernard St
Nebo, KY 42441-9541

October 23, 2023

RE: BCIC #196-22636

IMPORTANT POLICY INFORMATION

The terms of your workers' compensation insurance coverage through Bridgefield Casualty Insurance Company have been changed. The change(s) are set forth in the enclosed endorsement(s). Please review them. If you have any questions, please contact our Customer Service department at 1-800-282-7648.

cc: Hub International Mid-South - 5216
Barrett McGaw II

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

Item 4.* Class, Rate, Other (WC 89 04 15)

is changed to read:

See Extension of Endorsement

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

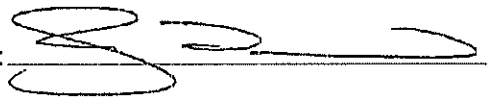
Date Prepared: October 23, 2023

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: August 25, 2023

Policy Number: 196-22636

Countersigned by:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small flourish at the end.

Insured: Nebo Water District

WC 89 06 00 B (Ed. 7-01)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF ENDORSEMENT WC 89 04 15 - ITEM 4**

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Hub International Mid-South - 5216
PO Box 427
Benton, KY 42025
(270)821-3122

INSURED: Nebo Water District
DBA:
45 N Bernard St
Nebo, KY 42441

POLICY NUMBER: 196 - 22636 0000
POLICY PERIOD: 08/25/23 - 08/25/24 12:01 AM

ESTIMATED PREMIUM

CODE NO.	CLASSIFICATIONS KY-Kentucky	PREMIUM BASIS: Total Estimated Annual Remuneration	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
7520	WATERWORKS OPERATION & DRIVERS	165,227.00	1.71	2,825.38
8810	CLERICAL OFFICE EMPLOYEES NOC	74,010.00	.11	81.41
	Total Manual Premium			2,906.79
	Experience Mod			1.00
	Standard Premium			<u>2,906.79</u>
	Expense Constant			140.00
	Terrorism			23.92
	Catastrophe Charge			47.85
	Special Fund Assessment 6.94%			216.43
	Total Cost			3,334.99

Minimum Premium: \$578.00

er

Date Prepared: 10/23/23
WC 89 04 15 - ITEM 4

**TOTAL COST IS SHOWN ON THE LAST
PAGE OF THIS EXTENSION**

Time Prepared: 10:07 AM

Workers' Comp Audit Summary



Member of Great American Insurance Group

Policy Number 0196-22636
Invoice Level Policy
Invoice Date 11/04/2023
Invoice ID 12901622

Contact Us

Nebo Water District
45 N Bernard St
Nebo, KY 42441-9541

Customer Service: 800-282-7648
Review Policy/Make a Payment: www.summitholdings.com

Agency: Hub International Mid-South

Agency Phone: 270-821-3122

The audit for this policy term has been completed. The results are as follows:

Unit	State	Policy Term	Description	Audited Premium	Payments/Credits Applied	Audit Results
KY		08/25/2022-08/25/2023	Workers' Comp Policy - Audit	\$3,633.52	\$3,678.30	\$(44.78)

This is your Audit Summary.
Refer to the enclosed Workers' Comp Invoice for the amount due.

—
—
—

BRIDGEFIELD CASUALTY INSURANCE COMPANY

11

VENDOR #

Nebo Water District

NO. 2939632

DATE: 11/30/23

INVOICE NUMBER	INVOICE DATE	NET AMOUNT	VOUCHER MESSAGE
112923	11/29/23	41.61	ROP-01962263600001231
112923	11/29/23	44.78	ROP-01962263600001221

TOTAL NET AMOUNT:

86.39





F.E.I.N. 61-1238903
 Telephone: (800) 876-4552
 (859) 977-3700

Handwritten initials

Premium Summary

Make check payable and mail to:
 Kentucky League of Cities Insurance
 Services
 P.O. Box 34108
 Lexington, KY 40588
 Or pay via ACH at klc.org/SignIn

Nebo Water District
 45 N. Bernard Street
 Nebo, KY 42441

pd. 1-3-23

CK# 19320 (#1)

Policy Number: L6103-2023-23751

Date: 6/26/2023

CK Total \$6,397.94

Policy Number and Description	Amount
Policy Period: 7/1/2023-7/1/2024 Policy Number: L6103-2023-23751 <i>2 payment option</i>	\$ 8,131.93 <i>4,065.97</i>
A 5% late charge will be assessed on all late payments.	
Unless payment is received when due, coverage provided by this policy may be cancelled for nonpayment retroactive to the beginning of the policy inception date.	
Amount Due By 7/15/2023	\$ 8,131.93

HUB International Midwest, LTD DBA HUB International Mid-South
 245 South Main Street
 Madisonville, KY 42431

Retain This Copy For Your Records



Liability Invoice

E.I.N. 611123333
Telephone: (800) 876-4552
(859) 977-3700

Invoice date	12/1/2023
Invoice Number	L6103-2023-23751-05
Previous Balance	\$ -0.01
Payments	\$ 0.00
New Billings	\$ 4,065.97
Current Balance	\$ 4,065.96

Nebo Water District
Valerie Coffman
45 N. Bernard Street
Nebo, KY 42441

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

pd. 12-4-23
CL# 19615 (#2) *Plu*

InvoicePolicy Number: L6103-2023-23751 Policy Effective: 7/1/2023
Policy Type: Liability

Date	Item	Amount
11/1/2023	Previous Balance	\$ -0.01
11/1/2023	Policy # L6103-2023-23751 Billing 2 of 2	4,065.97
<p>Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.</p>		
<p align="right">Amount Due By 12/16/2023</p>		\$ 4,065.96

HUB International Midwest, LTD DBA HUB International Mid-South
245 South Main Street
Madisonville, KY 42431

Original Invoice

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

PROPERTY COVERAGE DECLARATIONS

Name of Insured: Nebo Water District

Policy Number: P6103-2023-23752

Mailing Address: 45 N. Bernard Street, Nebo, Kentucky 42441

Agent of Record: HUB International Midwest, LTD DBA HUB International Mid-South

Coverage Period: from **7/1/2023** at 12:01a.m. Standard (or Daylight) time to **7/1/2024** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above.

In return for the payment of the contribution, and subject to all the terms of this certificate, KLCIS and the Trust agree with the above to provide the coverage as stated in the Declaration. Refer to the attached Property Coverage Document for details of coverage provided.

All Real & Personal Property per attached Statement of Values.

<u>TYPE OF COVERAGE</u>	<u>LIMIT OF COVERAGE</u>	
Building and Personal Property	\$2,932,600	Per Occurrence
Scheduled Equipment	\$160,804	Per Occurrence
Fine Arts	No Coverage	Per Occurrence
Valuable Papers	\$500,000	Per Occurrence
Flood	\$3,093,404	Per Occurrence
(ZONES B,C, AND X ONLY)	\$50,000,000	Annual Aggregate for All Participating Members
Earthquake	\$60,000,000	Annual Aggregate for All Participating Members See Earthquake endorsement for applicable limit for each region.
Terrorism Damage	\$3,093,404	Per Occurrence
Business Income/Extra Expense/Rental Value	\$2,000,000	Per Occurrence
Transportation	\$500,000	Per Conveyance / Per Occurrence

Equipment Breakdown Protection Coverage Limits

Combined Property Damage, Business Income / Extra Expense	\$50,000,000	Per Breakdown and annual aggregate for all participating members
Utility Interruption	\$2,000,000	Per Breakdown
Coverage applies only if the interruption of service lasts at least 24 consecutive hours, see deductible		
Newly Acquired Locations Number of Days Coverage	\$1,000,000	Per Breakdown 30 days
Ordinance or Law	\$100,000	Per Breakdown
Expediting Expenses	\$2,500,000	Per Breakdown
Spoilage	\$25,000	Per Breakdown

These following limits are part of, not in addition to, the Property Damage Limit Per Breakdown

Water Damage	\$100,000	Per Breakdown
Hazardous Substances	\$100,000	Per Breakdown
Data and Media	\$25,000	Per Breakdown
Ammonia Contamination	\$25,000	Per Breakdown
Consequential Loss	\$25,000	Per Breakdown

DEDUCTIBLES

Per Occurrence on All Perils Other Than Flood, Earthquake unless otherwise stated.	\$500.00
Per Occurrence for Earthquake	\$25,000 or 2% of TIV's for each damaged location (whichever is greater)
Per Occurrence for Flood	\$25,000
Per Occurrence for Scheduled Equipment	\$500.00
Per Occurrence for Fine Arts	No Coverage
Per Occurrence for Valuable Papers	\$250.00
Business Income/Extra Expense/Rental Value	24 hours

Equipment Breakdown Protection Deductibles

Damage to Covered Property (excluding electrical transformers), Spoilage, Ammonia, Contamination, Consequential Loss, Newly Acquired Premises	\$1,000 per breakdown
Damage to Electrical Transformers	\$1.50 per KVA of all damaged transformers, or \$1,000, whichever is greater, per breakdown
Business Income/ Extra Expense	24 hours deductible

BASIC COVERAGE FORMS

KLCIS-BPP'2022, KLCIS-PCL'2020, KLCIS-PPC'2019,
KLCIS-TRAN'2016, KLCIS-EQUAKE'2023, KLCIS-FL'2020,
KLCIS-EB'2015, KLCIS-IF'2017, KLCIS-B/EE/RENT'2016

ENDORSEMENTS

KLCIS-PRANIML'2020, KLCIS-EQC'2021, KLCIS-IM'2016,
KLCIS-AV'2016

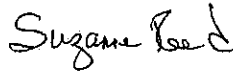
TOTAL PREMIUM (7/1/2023 - 7/1/2024 Installment) \$4,424.99

This coverage has been placed with a liability self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky.

Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



5/31/2023

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



5/31/2023

(Authorized Agent)

Date

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

CRIME COVERAGE DECLARATIONS

Name of Insured: Nebo Water District

Policy Number: P6103-2023-23752

Mailing Address: 45 N. Bernard Street, Nebo, Kentucky 42441

Agent of Record: HUB International Midwest, LTD DBA HUB International Mid-South

Coverage Period: from 7/1/2023 at 12:01a.m. Standard (or Daylight) time to 7/1/2024 at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above.

Subject to all terms of this policy, KLCIS agrees to provide you with the coverages shown below for which a premium is shown and you pay to us.

COVERAGE	LIMIT per occurrence	DEDUCTIBLE per occurrence	PREMIUM
Forgery or Alteration (Form B)	No Coverage	No Coverage	No Coverage
Theft, Disappearance & Destruction (Form C) - Inside	No Coverage	No Coverage	No Coverage
Theft, Disappearance & Destruction (Form C) - Outside	No Coverage	No Coverage	No Coverage
Public Employee Dishonesty (Form O)	\$100,000	\$500	238.94
Money Orders & Counterfeit Paper Currency Coverage (Form R)	No Coverage	No Coverage	No Coverage
TOTAL PREMIUM			\$238.94

BASIC COVERAGE FORMS

KLCIS-CGP-LSF'2023, KLCIS-PED'2001

ENDORSEMENTS

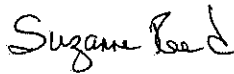
NOTE: Wherever the word "policy" appears in the attached forms or endorsements, it will be construed to mean the same as "declarations"; wherever the word "company" appears, it will be construed to mean the same as "KLCIS" Each of the coverages listed on page one of these declarations is separate and apply to these coverages only.

This coverage has been placed with a liability self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky and has provided continuous coverage to its members since July 1, 1987.

Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



5/31/2023

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



5/31/2023

(Authorized Agent)

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Nebo Water District

Policy Number: P6103-2023-23752

Effective Date: 7/1/2023

SPECIFICALLY TRAINED ANIMAL COVERAGE ENDORSEMENT

The KLCIS Building & Personal Property Coverage Form (KLCIS-BPP'2022) is amended as follows:

Exclusion b. Animals, contained in section A. Coverage, 2. Property Not Covered is removed only as it pertains to "Specifically Trained Canines".

The following is added to the Building and Personal Property Coverage Form, Section A. Coverage, 1. Covered Property:
d. "Specifically Trained Canines"

A. Coverage

We will pay \$15,000 for the death of "Specifically Trained Canines" resulting from accidents, injury, illness or disease. This includes death from "humane destruction". This payment would be applicable for each "Specifically Trained Canine".

B. Additional Coverages

1. Theft – We will pay \$15,000 for the theft of "Specifically Trained Canines". Payment will not be made until the "Specifically Trained Canine" has been out of your control for seven days. If we make a payment pursuant to theft and the animal is subsequently found alive, you will return that payment to us. This payment would be applicable for each "Specifically Trained Canine" each policy year.
2. Training Expense – We will pay up to \$50,000 for the expenses associated with the purchase and training of a new canine to replace a "Specifically Trained Canine" that has died and for which you have been paid for that death by this endorsement.
3. Veterinary Expense – We will pay up to \$1,000 for each "Specifically Trained Canine" each policy year for medical expenses resulting from an injury or surgical procedures necessary to the health of the animal, including post-surgical hospitalization. We will pay up to \$100 for each "Specifically Trained Canine" each policy year for "routine veterinary care".

C. Coverage Period

This coverage is effective twenty-four hours a day, seven days a week for as long as you are the sole owner of the "Specifically Trained Canine" and this policy is in force. Coverage ends when you are no longer the sole owner or when this policy has been cancelled.

D. Exclusions

The following exclusions apply to this "Specifically Trained Canine" Endorsement

1. Loss caused by mysterious disappearance or escape;
2. Use of a "Specifically Trained Canine" in any racing or gaming event;
3. Loss caused by intentional neglect or abuse; and
4. Dishonest or criminal acts (including theft) committed by you, any of your employees including temporary employees or authorized representatives

E. "Specifically Trained Canines" Not Covered

1. "Specifically Trained Canines" not solely owned by you;
2. "Specifically Trained Canines" that become permanently unfit for or incapable of fulfilling their training purposes, as determined by a licensed veterinarian; and
3. "Specifically Trained Canines" who have not completed their annual recertification.

F. Definitions

The following definitions apply to this "Specifically Trained Canine" Endorsement

1. "Humane Destruction" means destruction of an animal in order to terminate continued suffering that is both incurable and excessive.
2. "Routine Veterinary Care" means annual physical examination, vaccines, parasite test, dental check and other bloodwork or tests that is recommended by the veterinarian.
3. "Specifically Trained Canine" means a canine that has been certified and received their discipline accreditation for Patrol, Explosives, Search & Rescue, or Narcotics or any combination and is required to pass an annual recertification process.

All other terms and conditions of the KLCIS Building & Personal Property Coverage Form (KLCIS-BPP'2022) and the Property Policy Conditions (KLCIS-PPC'2019) remain unchanged.

EQUIPMENT COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning, refer to Section F. — Definitions.

A. Coverage

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss.

1. Covered Property, as used in this Coverage Form, means:

- a. Your equipment as scheduled.
- b. Similar property of others that is in your care, custody or control as scheduled.
- c. Unscheduled equipment in your care that has been leased, borrowed, or rented from others. The most we will pay for "loss" in any one event for such equipment is \$250,000. We will cover such equipment in your possession up to 30 days. Any equipment that will be in your possession for a period of longer than 30 days must be added to the equipment schedule effective from the first day of your possession.
- d. Un-manned aircraft or Watercraft as scheduled.
- e. Your unscheduled equipment \$5,000 any one loss.
- f. Your employee tools \$25,000 any one loss with limitation of \$1,500 per tool.

2. Property Not Covered

- a. Automobiles, motor trucks, tractors, trailers, and similar conveyances designated for highway use and used for over the road transportation of people or cargo. However, this does not include:
 1. Self-propelled vehicles designed and used primarily to carry mounted equipment; or
 2. Vehicles designed for highway use that are unlicensed and not operated on public roads.
- b. Plans, blueprints, designs or specifications.
- c. Loaned, Leased or Rented Property-We do not cover property that you loan, lease or rent to others.
- d. Accounts, bills, currency, food stamps, or other evidence of debt, lottery tickets not held for sale, money, notes or securities.
- e. Contraband or property in the course of illegal transportation or trade.

3. Covered Causes of Loss

Covered Causes of Loss means RISKS OF DIRECT PHYSICAL "LOSS" to Covered Property except those causes of "loss" listed in the Exclusions.

4. Coverage Extensions

Additionally Acquired Property.

If during the policy period you acquire additional equipment of a type already covered by this form, we will cover such equipment for up to 60 days after you acquire it or until the end of the policy period, whichever occurs first. We will cover such additional equipment for up to:

- a. 25% of the Total Limit of Insurance shown in the Declarations; or
- b. \$150,000,

whichever is the lesser amount.

You agree to report the value of such equipment to us within the 60 day period and to pay an additional premium from the date you acquire it. If you do not report such equipment, coverage will cease automatically 60 days after the date the equipment is acquired, or at the end of the policy period, whichever occurs first.

5. Additional Coverages

a. Debris Removal

1. We will pay your expenses to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the earlier of:
 - a. The date of direct physical "loss"; or
 - b. The end of the policy period.
2. We will pay up to \$25,000 for any debris removal expense in any one occurrence.
3. This coverage extension for debris removal does not apply to costs to:
 - a. Extract "pollutants" from land or water; or
 - b. Remove, restore or replace polluted land or water.

b. Pollutant Cleanup and Removal

1. We will pay your expenses to extract "pollutants" from land or water if the release, seepage, migration, escape, discharge or dispersal of the "pollutants" is caused by or results from a Covered Cause of Loss to Covered Property that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the covered loss.
2. The most we will pay under this Coverage Extension is \$25,000 for the sum of all such expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

c. Rental Expense Reimbursement

We will reimburse your rental expenses should a covered "loss" to equipment you own make it necessary to rent replacement equipment to continue your normal operations of the work in progress. We will reimburse these rental expenses provided you do not have equivalent idle equipment you can use and you restore or replace the lost or damaged equipment as soon as possible. Our reimbursement is limited to rental expenses incurred during the period of time beginning seventy-two (72) hours after the "loss" has occurred and continuing until the equipment has been restored, released or is no longer needed, whichever occurs first. The period of reimbursement will not be limited by the policy expiration date.

The most we will pay for all rental expense is \$1,500 per policy period and \$500 for any one day.

d. Fire Department Service Charge

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$10,000 for your liability for fire department service charges:

1. Assumed by contract or agreement prior to loss; or
2. Required by local ordinance.

A deductible does not apply to this Additional Coverage.

e. Fire Protection Devices

We will pay the expenses you incur to recharge or refill any fire protection device discharged as a result of fire or explosion. This Additional Coverage does not apply while actual work is being performed upon the fire protection system or while it is being tested.

The most we will pay under this Additional Coverage is \$1,000.

A deductible does not apply to this Additional Coverage.

B. Exclusions

1. We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. Nuclear Hazard

1. Any weapon employing atomic fission or fusion, whether in time of peace or war; or
2. Nuclear reaction or radiation, or radioactive contamination, however caused.

But we will pay for direct "loss" caused by resulting fire if the fire would be covered under this Coverage Form.

c. War And Military Action

1. War, including undeclared or civil war;
2. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
3. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for a "loss" caused by or resulting from any of the following:

- a. "Loss" caused by or resulting from loss of use, business interruption, delay, or loss of market.
- b. Missing property where the only proof of "loss" is unexplained or mysterious disappearance of covered property, or shortage of property discovered on taking inventory, or any other insurance where there is no physical evidence to show what happened to the covered property.
- c. "Loss" caused by or resulting from release, discharge, seepage, migration, dispersal, or escape of "pollutants" unless the release, discharge, seepage, migration, dispersal, or escape is caused by a "specified cause of loss".

This exclusion does not apply to covered property in the custody of a carrier for hire.

- d. "Loss" caused by or resulting from voluntary parting with title to or possession of any property because of any fraudulent scheme, trick or false pretense.
- e. "Loss" caused by or resulting from Dishonest Acts by:
 1. You;
 2. Anyone else with an interest in the property;
 3. Your agents or their employees or authorized representatives;
 4. Anyone entrusted with the property, whether in collusion with others or occurring during the hours of employment; or
 5. Your partners, officers, directors, trustees, or joint ventures.

f. "Loss" caused by or resulting from processing or work upon the property.

But we will pay for direct "loss" caused by resulting fire or explosion, if these causes of "loss" would be covered under this Coverage Form.

g. "Loss" caused by or resulting from voluntary parting with any property by you or anyone entrusted with the property if induced to do so by any fraudulent scheme, trick, device or false pretense.

- h. "Loss" caused by or resulting from unauthorized instructions to transfer property to any person or to any place.
- i. "Loss" caused by or resulting from contamination or deterioration including corrosion; decay; fungus; mildew; mold; rot; rust; wear and tear; or any quality, fault or weakness in the covered property that causes it to damage or destroy itself.
- j. Mechanical breakdown or electrical damage to electrical appliances or devices including wiring unless the "loss" is caused by lightning. But if fire results, we will pay for losses caused directly by fire.
- k. Marring, scratching, exposure to light, breakage of tubes, bulbs, lamps or articles made largely of glass (except lenses).
- l. "Loss" caused by or resulting from overload or weight of a load exceeding the registered lifting or supporting capacity of any machine.

3. Earth Movement

- a. Earthquake, including earth sinking, rising or shifting related to such event;
- b. Landslide, including any earth sinking, rising or shifting related to such event;
- c. Mine subsidence, meaning subsidence of a man-made mine, whether or not mining activity has ceased.
- d. Earth sinking (other than sinkhole collapse), rising or shifting including soil conditions which cause settling, cracking or other disarrangement of foundations or other parts of realty. Soil conditions include contraction, expansion, freezing, thawing, erosion, improperly compacted soil, the presence or lack of moisture or water in the soil and the action of water under the ground surface.

But if Earth Movement, as described in b.(1) through (4) above, results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

- e. Volcanic eruption, explosion or effusion. But if volcanic eruption, explosion or effusion results in fire, building glass breakage or Volcanic Action, we will pay for the loss or damage caused by that fire, building glass breakage or Volcanic Action.

Volcanic action means direct loss or damage resulting from the eruption of a volcano when the loss or damage is caused by:

- 1. Airborne volcanic blast or airborne shock waves;
- 2. Ash, dust or particulate matter; or
- 3. Lava flow

All volcanic eruptions that occur within any 168 hour period will constitute a single occurrence. Volcanic action does not include the cost to remove ash, dust or particulate matter that does not cause direct physical loss or damage to the described property.

C. Limits of Insurance

The most we will pay for "loss" in any one occurrence is the total applicable Limits of Insurance shown in the equipment schedule attached to this policy.

D. Deductible

We will not pay for "loss" in any one occurrence until the amount of the adjusted "loss" before applying the applicable Limits of Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limits of Insurance.

E. Additional Conditions

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. Coverage Territory

We cover property wherever located within:

- a. The continental United States of America; and

b. Canada.

2. Valuation

a. Property

The value of property will be the lesser of the following amounts:

1. The cost of reasonably restoring that property to its condition immediately before "loss"; or
2. The cost of replacing that property with substantially identical new property; or
3. The replacement cost value that applies to the covered property as shown on the equipment schedule.

b. Property of Others

The value of property in your care, custody or control will be the lesser of:

1. The amount for which you are liable; or
2. Actual cash value; or
3. The limit that applies to the covered property.

In the event of "loss", the value of property will be determined as of the time of "loss". We do not cover more than your insurable interest in any property.

3. Inspections and Surveys

1. We have the right to:

- a. Make inspections of the equipment at any time to ensure replacement cost values;
- b. Give you reports on the conditions we find; and
- c. Recommend and endorse changes to values as needed to maintain replacement cost.

F. Definitions

1. "Loss" means accidental loss or damage.
2. "Pollutant" means;
 - a. Any solid, liquid, gaseous, thermal, or radioactive irritant or contaminant, including acids, alkalis, chemicals, fumes, smoke, soot, vapor, and waste. Waste includes materials to be disposed of as well as recycled, reclaimed or reconditioned.
 - b. Electrical or magnetic emissions, whether visible or invisible, and sound emissions.
3. "Specified Causes of Loss" – means aircraft; civil commotion; explosion; falling objects; fire; hail; leakage from fire extinguishing equipment; lightning; riot; sinkhole collapse; smoke; sonic boom; vandalism; vehicles; volcanic action; water damage; weight of ice; snow, or sleet; and windstorm.

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

CONDITIONS FOR EQUIPMENT, FINE ARTS & VALUABLE PAPERS

A. Abandonment

There can be no abandonment of any property to us,

B. Appraisal

If we and you disagree on the value of property or the amount of loss, either may make a written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraiser will state separately the value of the property and the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

1. Pay its chosen appraiser; and
2. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

C. Duties In The Event of Loss

You must see that the following are done in the event of loss or damage to Covered Property:

1. Notify the police if a law may have been broken.
2. Give us prompt notice of the loss or damage, including a description of the property involved.
3. As soon as possible, give us a description of how, when and where the loss or damage occurred.
4. Take all reasonable steps to protect the Covered Property from further damage and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also if feasible, set the damaged property aside and in the best possible order for examination.
5. You will not, except at your own cost, voluntarily make a payment, assume any obligation or incur any expense without our consent.
6. As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records. Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.
7. We may examine any insured under oath, while not in the presence of any other insured, and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.
8. Send us a signed, sworn proof of loss containing the information we request to settle the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
9. Immediately send us copies of any demands, notices, summons or legal papers received in connection with the claim or suit.
10. Cooperate with us in the investigation or settlement of the claims.

D. Insurance Under Two or More Coverages

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

E. Loss Payment

1. We will give notice of our intentions within 30 days after we receive the sworn proof of loss.
2. We will not pay you more than your financial interest in the Covered Property.
3. We may adjust losses with the owners of loss or damaged property if other than you. If we pay the owners, such payments will satisfy your claim against us for the owners' property. We will not pay the owners more than their financial interest in the Covered property.
4. We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.
5. We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss if you have complied with all the terms of this Coverage part and;
 - a. We have reached agreement with you on the amount of the loss; or
 - b. An appraisal award has been made.
6. We will not liable for any part of a loss that has been paid or made good by others.

If there is an appraisal, we will still retain our right to deny the claim.

F. Other Insurance

1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Coverage Part. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limits of Insurance under this Coverage Part bears to the Limits of Insurance of all insurance covering on the same basis.
2. If there is other insurance covering the same loss or damage, other than that described in 1. above, we will pay only for that amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

G. Pair, Sets or Parts

1. Pair or Set. In case of loss or damage to any part of a pair or set we may:
 - a. Repair or replace any part to restore the pair or set to its value before the loss or damage; or
 - b. Pay the difference between the value of the pair or set before and after the loss or damage.
2. Parts. In case of loss or damage to any part of Covered Property consisting of several parts when complete, we will only pay for the value of the lost or damaged part.

H. Recovered Property

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expense to repair the recovered property, subject to the Limit of Insurance.

I. Reinstatement of Limit After Loss

The Limit of Insurance will not be reduced by the payment of any claim, except for total loss or damage of a scheduled item, in which event we will return the unearned premium on that item.

J. Transfer of Rights of Recovery Against Others to Us.

If any person or organization to or for whom we make payment under this Coverage Part has the rights to recover damage from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing;

1. Prior to a loss to your Covered Property; or
2. After a loss to your Covered Property only if, at time of loss, that party is one of the following:
 - a. Someone insured by this insurance; or
 - b. A business firm

1. Owned or controlled by you; or
2. That owns or controls you.

This will not restrict your insurance.

If there is an appraisal, we will still retain our right to deny the claim.

K. Concealment, Misrepresentation or Fraud

This Coverage Part is void if any case of fraud, intentional concealment or misrepresentation of a material fact by you or any other insured, at any time, concerning:

- a. This Coverage Part
- b. The Covered Property
- c. Your interest in the Covered Property; or
- d. A claim under this Coverage Part.

L. Control of Property

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance. The breach of any condition of this Coverage Part, at any one or more locations, will not affect coverage at any location here, at the time of loss or damage, the breach of condition does not exist.

M. Legal Action Against Us

No one may bring any legal action against us under this Coverage Part unless:

- a. There has been full compliance with all the terms of this Coverage Part; and
- b. The action is brought within 2 years after you first have knowledge of the direct loss or damage.

N. No Benefit to Bailee:

No person or organization, other than you, having custody of Covered Property, will benefit from this insurance.

O. Policy Period

We cover loss or damage commencing:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

P. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

Kentucky League of Cities Insurance Services
 Building Schedule- as of 7/1/2023
 100% Estimated Replacement Cost of Property

Name of Insured: Nebo Water District

Policy Number: P6103-2023-23752

Policy Effective: 7/1/2023

<u>Location</u>	<u>Bldg #</u>	<u>Description</u>		<u>Building</u>	<u>Contents</u>	<u>Total Value</u>	<u>Premium</u>
01	1	Office 45 N. Bernard Street	Eff:7/1/2023 Exp:7/1/2024	\$154,000	\$66,000	\$220,000	\$498.93
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
01	2	Storage Building 45 N. Bernard Street	Eff:7/1/2023 Exp:7/1/2024	\$66,000	\$66,000	\$132,000	\$299.36
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
01	3	Metal Building 45 N. Bernard Street	Eff:7/1/2023 Exp:7/1/2024	\$55,000	\$0	\$55,000	\$91.03
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
Total Building and Contents for 01 45 N. Bernard Street				\$275,000	\$132,000	\$407,000	\$889.32
02	1	Nebo Elevated Tank - 150,000 Gallons 295 N. Hoffman	Eff:7/1/2023 Exp:7/1/2024	\$943,800	\$0	\$943,800	\$1,004.06
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
Total Building and Contents for 02 295 N. Hoffman				\$943,800	\$0	\$943,800	\$1,004.06
03	1	Rainwater Standpipe Tank - 150,000 Gallons 1345 Rainwater	Eff:7/1/2023 Exp:7/1/2024	\$562,100	\$0	\$562,100	\$597.99
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
Total Building and Contents for 03 1345 Rainwater				\$562,100	\$0	\$562,100	\$597.99
04	1	630 Elevated Tank - 200,000 Gallons 3115 St Hwy 630	Eff:7/1/2023 Exp:7/1/2024	\$1,019,700	\$0	\$1,019,700	\$1,084.81
Intrusion Alarm- No Sprinklers- No Fire Alarm- No Hydrant w/1000'- Yes							
Total Building and Contents for 04 3115 St Hwy 630				\$1,019,700	\$0	\$1,019,700	\$1,084.81
Total Building and Contents				\$2,800,600	\$132,000	\$2,932,600	\$3,576.18

**Kentucky League of Cities Insurance Services
Equipment Schedule**

Name of Insured: Nebo Water District

Effective Date: 7/1/2023

<u>Item#</u>	<u>Description</u>	<u>Amount of Coverage</u>	<u>Premium</u>
1	2009 Kubota L45 Backhoe #50502	\$49,862	\$263.20
2	2004 Ditch Witch RT-55 Trencher with H-513 Digging Attachment #5Y1159	\$23,684	\$125.02
3	2013 Takeuchi TB153FR Excavator #158901577	\$87,258	\$460.59
GRAND TOTAL		\$160,804	\$848.81

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Nebo Water District

Policy Number: P6103-2023-23752

Effective Date: 7/1/2023

AGREED VALUE ENDORSEMENT

If values have been agreed upon by the Insured and KLCIS and this Endorsement is shown in the Declarations as part of this Policy, the following Coverage applies:

1. Agreed Value

- a. The provisions of KLCIS Building and Personal Property Coverage Form, F. Additional Conditions, Item 1 coinsurance does not apply to covered property.
- b. The term of this Coverage applies only to loss or damage that occurs on or after the effective date of this coverage.

2. Inflation Guard

- a. The resulting change in the limit of insurance value will be:
 - The Limit of Insurance that applied on the most recent of the policy inception date, the policy anniversary date, or any other policy change amending the Limit of Insurance, multiplied by the annual inflation factor as determined annually by KLCIS.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Nebo Water District
 Address: 45 N. Bernard Street
 Nebo, KY 42441
 Policy Number: P6103-2022-21835
 Effective Date: 4/26/2023

POLICY CHANGE ENDORSEMENT

This endorsement modifies the insurance provided under this policy.

Property

Loc. No.	Bldg. No.	Action	Net Premium
02	1	Delete Coverage	\$ -79.86
	Description: Nebo Elevated Tank - 150,000 Gallons Street Address: 295 N. Hoffman City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 400,000 Contents Value: \$ 0 TIV: \$ 400,000 *ACV Coverage		
02	1	Add new coverage	\$ 188.44
	Description: Nebo Elevated Tank - 150,000 Gallons Street Address: 295 N. Hoffman City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 943,800 Contents Value: \$ 0 TIV: \$ 943,800 *Replacement Cost Coverage		
03	1	Delete Coverage	\$ -59.90
	Description: Rainwater Standpipe Tank - 150,000 Gallons Street Address: 1345 Rainwater City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 300,000 Contents Value: \$ 0 TIV: \$ 300,000 *ACV Coverage		
03	1	Add new coverage	\$ 112.23

Description: Rainwater Standpipe Tank - 150,000 Gallons
Street Address: 1345 Rainwater
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 562,100
Contents Value: \$ 0
TIV: \$ 562,100
*Replacement Cost Coverage

04

1 Delete Coverage

\$ -119.80

Description: 630 Elevated Tank - 200,000 Gallons
Street Address: 3115 St Hwy 630
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 600,000
Contents Value: \$ 0
TIV: \$ 600,000
*ACV Coverage

04

1 Add new coverage

\$ 203.59

Description: 630 Elevated Tank - 200,000 Gallons
Street Address: 3115 St Hwy 630
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 1,019,700
Contents Value: \$ 0
TIV: \$ 1,019,700
*Replacement Cost Coverage

NET PREMIUM CHANGE: \$ 244.70

THIS IS NOT AN INVOICE — PLEASE PAY FROM MONTHLY STATEMENT.

By: _____



(Authorized Representative)
Kentucky League Of Cities Insurance Services
5/8/2023



Property Invoice

E.I.N. 611123333
 Telephone: (800) 876-4552
 (859) 977-3700

Nebo Water District
 Valerie Coffman
 45 N. Bernard Street
 Nebo, KY 42441

Invoice date	6/1/2023
Invoice Number	P6103-2022-21835-11
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 244.70
Current Balance	\$ 244.70

Make check payable and mail to:
 Kentucky League of Cities Insurance Services
 P.O. Box 34108
 Lexington, KY 40588

pd. 6-5-23
 CK# 19263

InvoicePolicy Number: P6103-2022-21835 Policy Effective: 7/1/2022
 Policy Type: Property

Date	Item	Amount
5/1/2023	Previous Balance	\$ 0
5/3/2023	Endorsement eff. 4/26/2023 Nebo Elevated Tank - 150,000 Gallons (Building \$943,800, Contents \$0), 295 N. Hoffman Nebo Kentucky 42441	188.44
5/3/2023	Endorsement eff. 4/26/2023 Nebo Elevated Tank - 150,000 Gallons (Building \$400,000, Contents \$0), 295 N. Hoffman Nebo Kentucky 42441	-79.86
5/3/2023	Endorsement eff. 4/26/2023 Rainwater Standpipe Tank - 150,000 Gallons (Building \$562,100, Contents \$0), 1345 Rainwater Nebo Kentucky 42441	112.23
5/3/2023	Endorsement eff. 4/26/2023 Rainwater Standpipe Tank - 150,000 Gallons (Building \$300,000, Contents \$0), 1345 Rainwater Nebo Kentucky 42441	-59.90
5/3/2023	Endorsement eff. 4/26/2023 630 Elevated Tank - 200,000 Gallons (Building \$1,019,700, Contents \$0), 3115 St Hwy 630 Nebo Kentucky 42441	203.59
5/3/2023	Endorsement eff. 4/26/2023 630 Elevated Tank - 200,000 Gallons (Building \$600,000, Contents \$0), 3115 St Hwy 630 Nebo Kentucky 42441	-119.80
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 6/16/2023		\$ 244.70

HUB International Midwest, LTD DBA HUB International Mid-South
 245 South Main Street
 Madisonville, KY 42431

Original Invoice



F.E.I.N. 61-1238903
 Telephone: (800) 876-4552
 (859) 977-3700

Premium Summary

Make check payable and mail to:
 Kentucky League of Cities Insurance
 Services
 P.O. Box 34108
 Lexington, KY 40588
 Or pay via ACH at klc.org/SignIn

MS

Nebo Water District
 45 N. Bernard Street
 Nebo, KY 42441

pd. 1-3-23
 CK # 19320 #2

Policy Number: P6103-2023-23752
 Date: 6/26/2023

Policy Number and Description	Amount
Policy Period: 7/1/2023-7/1/2024 Policy Number: P6103-2023-23752 <i>2 payment option</i>	\$ 4,663.93 <i>2,331.97</i>
A 5% late charge will be assessed on all late payments.	
Unless payment is received when due, coverage provided by this policy may be cancelled for nonpayment retroactive to the beginning of the policy inception date.	
Amount Due By 7/15/2023	\$ 4,663.93

HUB International Midwest, LTD DBA HUB International Mid-South
 245 South Main Street
 Madisonville, KY 42431

Retain This Copy For Your Records



Property Invoice

E.I.N. 611123333
Telephone: (800) 876-4552
(859) 977-3700

Invoice date	12/1/2023
Invoice Number	P6103-2023-23752-05
Previous Balance	\$ -0.01
Payments	\$ 0.00
New Billings	\$ 2,331.97
Current Balance	\$ 2,331.96

Nebo Water District
Valerie Coffman
45 N. Bernard Street
Nebo, KY 42441

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

pd. 12-4-23
CHK# 19615 (#1)
ck Total \$ 6,391.92 *DW*

Invoice Policy Number: P6103-2023-23752 Policy Effective: 7/1/2023
Policy Type: Property

Date	Item	Amount
11/1/2023	Previous Balance	\$ -0.01
11/1/2023	Policy # P6103-2023-23752 Billing 2 of 2	2,331.97
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 12/16/2023		\$ 2,331.96

HUB International Midwest, LTD DBA HUB International Mid-South
245 South Main Street
Madisonville, KY 42431

Original Invoice

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Nebo Water District
 Address: 45 N. Bernard Street
 Nebo, KY 42441
 Policy Number: P6103-2023-23752
 Effective Date: 12/18/2023

POLICY CHANGE ENDORSEMENT

This endorsement modifies the insurance provided under this policy.

Property

Loc. No.	Bldg. No.	Action	Net Premium
01	1	Delete Coverage	\$ -267.19
	Description: Office Street Address: 45 N. Bernard Street City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 154,000 Contents Value: \$ 66,000 TIV: \$ 220,000		
01	1	Add new coverage	\$ 268.64
	Description: Office Street Address: 45 N. Bernard Street City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 165,000 Contents Value: \$ 56,200 TIV: \$ 221,200		
01	2	Delete Coverage	\$ -160.31
	Description: Storage Building Street Address: 45 N. Bernard Street City: Nebo State: Kentucky Zip: 42441 Builders Risk: No Building Value: \$ 66,000 Contents Value: \$ 66,000 TIV: \$ 132,000		
01	2	Add new coverage	\$ 140.39
	Description: 3-Bay Garage/Storage Building Street Address: 45 N. Bernard Street City: Nebo		

State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 100,600
Contents Value: \$ 15,000
TIV: \$ 115,600

01 3 Delete Coverage \$ -48.75

Description: Metal Building
Street Address: 45 N. Bernard Street
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 55,000
Contents Value: \$ 0
TIV: \$ 55,000

01 3 Add new coverage \$ 155.57

Description: Storage Building
Street Address: 45 N. Bernard Street
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 58,100
Contents Value: \$ 70,000
TIV: \$ 128,100

01 4 Add new coverage \$ 8.27

Description: Office - Property in the Open
Street Address: 45 N. Bernard Street (Includes Chain Link Fencing w. Barb Wire & Guardrails)
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 14,000
Contents Value: \$ 0
TIV: \$ 14,000

02 1 Delete Coverage \$ -537.69

Description: Nebo Elevated Tank - 150,000 Gallons
Street Address: 295 N. Hoffman
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 943,800
Contents Value: \$ 0
TIV: \$ 943,800

02 1 Add new coverage \$ 614.95

Description: Nebo Elevated Tank w. Fencing - 150,000 Gallons
Street Address: 295 N. Hoffman
City: Nebo
State: Kentucky
Zip: 42441
Builders Risk: No
Building Value: \$ 1,079,400
Contents Value: \$ 0
TIV: \$ 1,079,400

03 1 Delete Coverage \$ -320.24

Description: Rainwater Standpipe Tank - 150,000 Gallons
Street Address: 1345 Rainwater
City: Nebo
State: Kentucky
Zip: 42441



Property Invoice

E.I.N. 611123333
 Telephone: (800) 876-4552
 (859) 977-3700

Nebo Water District
 Valerie Coffman
 45 N. Bernard Street
 Nebo, KY 42441

Invoice date	3/1/2024
Invoice Number	P6103-2023-23752-08
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 323.36
Current Balance	\$ 323.36

Make check payable and mail to:
 Kentucky League of Cities Insurance Services
 P.O. Box 34108
 Lexington, KY 40588

*pd. 3-5-24
 CK # 19796*

Invoice Policy Number: P6103-2023-23752 Policy Effective: 7/1/2023
 Policy Type: Property

Date	Item	Amount
2/1/2024	Previous Balance	\$ 0
2/23/2024	Endorsement eff. 12/18/2023 Office (Building \$154,000, Contents \$66,000), 45 N. Bernard Street Nebo Kentucky 42441	-267.19
2/23/2024	Endorsement eff. 12/18/2023 Office (Building \$165,000, Contents \$56,200), 45 N. Bernard Street Nebo Kentucky 42441	268.64
2/23/2024	Endorsement eff. 12/18/2023 Office - Property in the Open (Building \$14,000, Contents \$0), 45 N. Bernard Street (Includes Chain Link Fencing w. Barb Wire & Guardrails) Nebo Kentucky 42441	8.27
2/23/2024	Endorsement eff. 12/18/2023 Storage Building (Building \$66,000, Contents \$66,000), 45 N. Bernard Street Nebo Kentucky 42441	-160.31
2/23/2024	Endorsement eff. 12/18/2023 3-Bay Garage/Storage Building (Building \$100,600, Contents \$15,000), 45 N. Bernard Street Nebo Kentucky 42441	140.39
2/23/2024	Endorsement eff. 12/18/2023 Metal Building (Building \$55,000, Contents \$0), 45 N. Bernard Street Nebo Kentucky 42441	-48.75
2/23/2024	Endorsement eff. 12/18/2023 Storage Building (Building \$58,100, Contents \$70,000), 45 N. Bernard Street Nebo Kentucky 42441	155.57
2/23/2024	Endorsement eff. 12/18/2023 Nebo Elevated Tank - 150,000 Gallons (Building \$943,800, Contents \$0), 295 N. Hoffman Nebo Kentucky 42441	-537.69
2/23/2024	Endorsement eff. 12/18/2023 Nebo Elevated Tank w. Fencing - 150,000 Gallons (Building \$1,079,400, Contents \$0), 295 N. Hoffman Nebo Kentucky 42441	614.95
2/23/2024	Endorsement eff. 12/18/2023 Rainwater Standpipe Tank - 150,000 Gallons (Building \$562,100, Contents \$0), 1345 Rainwater Nebo Kentucky 42441	-320.24
2/23/2024	Endorsement eff. 12/18/2023 Rainwater Standpipe Tank w. Fencing - 150,000 Gallons (Building \$661,000, Contents \$0), 1345 Rainwater Nebo Kentucky 42441	376.58

Date	Item	Amount
2/23/2024	Endorsement eff. 12/18/2023 630 Elevated Tank - 200,000 Gallons (Building \$1,019,700,Contents \$0), 3115 St Hwy 630 Nebo Kentucky 42441	-580.94
2/23/2024	Endorsement eff. 12/18/2023 630 Elevated Tank w. Fencing - 200,000 Gallons (Building \$1,183,200,Contents \$0), 3115 St Hwy 630 Nebo Kentucky 42441	674.08
<p align="center">Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.</p>		
<p align="right">Amount Due By 3/16/2024</p>		<p align="right">\$ 323.36</p>

HUB International Midwest, LTD DBA HUB International Mid-South
245 South Main Street
Madisonville, KY 42431

Original Invoice