

Request # 8

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0956

Policy Period: 7/1/2024 to 7/1/2025

Insured Name and Address

For customer service please call

Levee Road Water Association, Inc.
PO Box 770
Mount Sterling, KY 40353

(800)264-5226

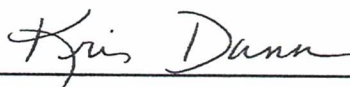
Issued: 05/30/2024

Business Description Utilities

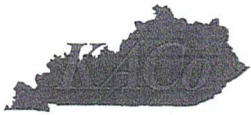
In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	3,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	1,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2005	1,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	1,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		1,000
Personal Property	As Per Statement on File		1,000
Boiler & Machinery	NCD		1,000
Inland Marine & EDP	As Per Statement on File		1,000
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	See Policy
Convective Storm	As Per Statement on File		1% of value on date of loss
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized Representative



Date 5/30/2024



Request #8

Invoice

Kentucky Association of Counties All Lines Fund

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

Invoice Number K240198
Invoice Date 05/30/2024
Due Date 08/01/2024

Insured Name and Address**Member Number** 0956

Levee Road Water Association, Inc.
PO Box 770
Mount Sterling, KY 40353

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Beverly	Carpenter	County Treasurer	(859)398-9522		beverlycc@roadrunner.com
Brenda	Murphy	Sec/Director	(859)404-4117	(866)543-5734	bmurphy@murphyrg.com

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$5,647.00	\$5,647.00
		Total Due	\$5,647.00

Payment Options:

- Option 1: Save 1%; pay \$5,590.53 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$2,823.49 plus 3 monthly payments of \$941.17

Please Note: Effective January 1, 2025, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2024.

Servicing Agency

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

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

Please return a copy of this invoice with your payment

Request # 8

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-234-5055

Invoice Number: W240627
Invoice Date: 05/29/2024

Member Name and Address:

Levee Road Water Association, Inc.
PO Box 770
Mount Sterling, KY 40353

Member ID: 2425

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-2425	\$866.00
Special Fund Tax	\$57.00
Total Due	\$923.00

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

- (1) Full payment by 8/1/2024. 1% discount applied = \$913.77
or
- (2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.
50% = \$461.51 Plus 3 monthly payments of \$153.83

Please Note: Effective January 1, 2025 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2024

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
(800) 264-5226

For claims service please call:

(866) 367-5226