



# The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

## PILLAR COMMON POLICY DECLARATIONS

Billing Method: **AGENCY BILL**

Policy Number: **EMN 041 67 37**

### NOTICE

Your premium for this policy includes a Kentucky state surcharge tax required by KRS 136.392 and a tax which will be remitted to the municipality or county in which you reside as required by KRS 91A.080. The amount of the tax is shown on your policy.

S-KY-1 (11/15)

Named Insured: **OHIO COUNTY WATER DISTRICT**

Mailing Address: **PO BOX 207  
HARTFORD, KY 42347-**

Principal Address: **124 E WASHINGTON ST  
HARTFORD, KY 42347-1181**

Previous Policy Number: **EMN0416737**

Policy Period: (At 12:01 AM standard time at your principal address shown above.)

**FROM: 01-03-2023**

**TO: 01-03-2026**

Agency: **LAWTON INSURANCE 16-385**  
City, State: **CENTRAL CITY, KY**

Shared Annual Aggregate Limit of Liability: **1,000,000**

Applicable to all **claims** under the following liability coverage parts:

**EMPLOYMENT PRACTICES LIABILITY COVERAGE**

**NONPROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY COVERAGE**

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In return for the payment of the premium and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

Forms applicable to all coverage parts:

S-KY-1	11/15	NOTICE
ML400	01/16	SUMMARY OF PREMIUMS CHARGED
ML101	01/20	GENERAL PROVISIONS
IA4234	01/15	POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE
ML458	01/16	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
ML482KY	03/16	KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL
IA4427	02/13	NOTICE OF LOSS CONTROL SERVICES
IA4521	03/20	NOTICE OF PRIVACY PRACTICES
IP446	08/01	NOTICE TO POLICYHOLDERS
ML4000	04/21	NOTICE OF LOSS CONTROL SERVICES
IA4338	05/11	SIGNATURE ENDORSEMENT
ML305	01/16	SPECIFIC PERSON EXCLUSION

Coverage part declarations:

ML505	01/16	NONPROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY COVERAGE PART DECLARATIONS
ML512	01/16	EMPLOYMENT PRACTICES LIABILITY COVERAGE PART DECLARATIONS
ML502	01/18	CINCINNATI DATA DEFENDER™ COVERAGE PART DECLARATIONS
ML503	01/18	CINCINNATI NETWORK DEFENDER™ COVERAGE PART DECLARATIONS
ML518	01/16	CRIME XC+® (EXPANDED COVERAGE PLUS) COVERAGE PART DECLARATIONS

## SUMMARY OF PREMIUMS CHARGED

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM CHARGE IS INDICATED

NONPROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY	\$ 4,123
EMPLOYMENT PRACTICES LIABILITY	\$ 1,284
DATA DEFENDER COVERAGE PART	\$ 87
NETWORK DEFENDER COVERAGE PART	\$ 242
CRIME EXPANDED COVERAGE PLUS	\$ 200
KY MUNICIPAL TAX	\$ 688
KY STATE SURCHARGE	\$ 108
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	\$
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	\$
TERRORISM COVERAGE	\$ 25
Installment Charge	\$
	Total \$ <b>6,757</b>

Payment Plan	First Installment	Remaining Installments
ANNUAL	\$ <u>6,757</u>	\$ <u>6,757</u>

ALL OTHER TERMS AND CONDITIONS REMAINS UNCHANGED