

INFORMATION PAGE

NCCI NO. 36609

Insurer: ClearPath Mutual Insurance Co.
 9960 Corporate Campus Drive Suite 1400
 Louisville, KY 40223

POLICY NO.
WC100-0181487-2022A
PRIOR NO.

1. The Insured: Ohio County Water District
 DBA:
 Mailing address: P.O. Box 207, Hartford, KY 42347

Legal Entity Type: Governmental Entity
 Federal Employer ID: 610665403

Other workplaces not shown above: SEE LOCATION SCHEDULE

- 2. The policy period is from 12/1/2022 to 12/1/2023 12:01 a.m. standard time at the insured's mailing address.
- 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **KY**
- 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	\$	\$1,000,000	each accident
Bodily Injury by Disease	\$	\$1,000,000	policy limit
Bodily Injury by Disease	\$	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
 All states not shown in 3.A. except ND, OH, WA, WY.

D. This policy includes these endorsements and schedules: SEE ENDORSEMENT SCHEDULE

- 4. 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 CLASSIFICATION SCHEDULE				
Interstate Risk ID:				
Intrastate Risk ID:				

Minimum Premium: \$500

Total Estimate Annual Premium: \$7,863
 Expense Constant: \$160

Countersigned by: 

Mutual Insurer: 36609

ClearPath Mutual Insurance Co.
9960 Corporate Campus Drive Suite
1400
Louisville, KY 40223
(800) 367-5372

Workers Compensation and Employers Liability Insurance Policy

Policy Number:	Policy Period	
	From	To
<u>WC100-0181487-2022A</u>	Effective: 12/1/2022	Expiration: 12/1/2023

EXTENSION OF INFORMATION PAGE ITEM 3D

ITEM 1. Named Insured and Address	Agency
Ohio County Water District P.O. Box 207 Hartford, KY 42347	Bryan Buchanan Lawton Insurance P O Box 231 Central City, KY 42330

SCHEDULE OF ENDORSEMENTS*Item 3D Continued*

STATE	NUMBER	DESCRIPTION OF ENDORSEMENT
KY	KY Posting	Notice to Employers
	WC 99 04 01	Classification Schedule
	WC 99 06 04	Installment Schedule
	WC 99 06 01	Location Schedule
	WC 00 04 06	Premium Discount Endorsement
	WC 00 04 14	Notification of Change in Ownership Endorsement
	WC 00 04 19	Premium Due Date Endorsement
	WC 00 04 21 E	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
	WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
	WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
KY	WC 16 06 01	Kentucky Cancellation and Nonrenewal Endorsement
KY	WC 16 06 02	Kentucky Notice of Appeal Rights Endorsement
KY	WC 16 03 05	Kentucky Part One Workers Compensation Insurance Endorsement
	WC 00 04 24	Audit Noncompliance Charge Endorsement
	WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy Privacy Notice

INSURER:
ClearPath Mutual Insurance Co.

POLICY NUMBER: WC100-0181487-2022A
NAIC COMPANY NUMBER: 16273

WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: KY
Named Insured: Ohio County Water District

Unit: 1
Effective Date: 12/1/2022

Federal Tax ID: 610665403

12:01 A.M. Standard Time

Producer Name: Lawton Insurance DBA Solutions First LLC

Producer Number:1205-1

Rating Period: 12/1/2022 - 12/1/2023

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Electrical Wiring-Within Buildings & Drivers	5190	\$0	1.92	0
Painting Noc & Shop Operations, Drivers	5474	\$0	3.62	0
Fence Installation And Repair - Metal, Vinyl, Wood, Or Prefabricated Concrete Panel Fence Installed By Hand	6400	\$0	3.18	0
Waterworks Operation & Drivers	7520	\$615,540	1.74	10,710
Clerical Office Employees Noc	8810	\$330,766	0.09	298
Park Noc-All Employees & Drivers	9102	\$0	1.73	0
Total Manual Premium				11,008
Employers Liability Increased Limit Charge 1000/1000/1000		1.1%		121
Subject Premium				11,129
Experience Mod		0.79		-2,337
Modified Premium				8,792
Standard Premium				8,792
Premium Discount		4.7012%		-413
Expense Constant				160
Terrorism Act		0.7%		66
DTEC Act		1.4%		132
Association Discount		10%		-874
Policy Premium				7,863
KY Tax		6.94%		546
Total Premium & Surcharges				8,409