

# Kentucky Association of Counties All Lines Fund

400 Englewood Drive  
Frankfort, KY 40601  
**Declarations Page**

**Policy Number** P&C3216

**Insured Name and Address**

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

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

**For customer service please call**

(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)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 04/25/2008	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area)	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

*Kris Dann*

Date 5/30/2024



# Invoice

## Kentucky Association of Counties All Lines Fund

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

Invoice Number K240683  
Invoice Date 05/30/2024  
Due Date 08/01/2024

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**Insured Name and Address****Member Number** 3216

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

**Contact(s)**

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andrea	McCoy	Office Manager	(606)928-9808	(606)928-4788	andrea@cannonsburgwater.com
Tim	Webb	Manager	(606)928-9808		tim@cannonsburgwater.com

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**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	\$45,347.00	\$45,347.00
		<b>Total Due</b>	<b>\$45,347.00</b>

**Payment Options:**

- Option 1: Save 1%; pay \$44,893.53 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$22,673.51 plus 3 monthly payments of \$7,557.83

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.

**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*



# 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** K230437  
**Invoice Date** 06/01/2023  
**Due Date** 08/01/2023

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**Insured Name and Address**

**Member Number** 3216

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

**Contact(s)**

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andrea	McCoy	Office Manager	(606)928-9808	(606)928-4788	andrea@cannonsburgwater.com
Tim	Webb	Manager	(606)928-9808		tim@cannonsburgwater.com

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**Invoice Detail**

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2023	Annual Premium for 2023-2024 Policy Renewal	\$39,559.00	\$39,559.00
		<b>Total Due</b>	<b>\$39,559.00</b>

**Payment Options:**

- Option 1: Save 1%; pay \$39,163.41 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$19,779.49 plus 3 monthly payments of \$6,593.17

**Please Note: Effective January 1, 2024, 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, 2023.**

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**Servicing Agency**

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

**For claims service please call:**

1-866-367-5226

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# 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 K220675  
Invoice Date 05/25/2022  
Due Date 08/01/2022

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**Insured Name and Address**

Member Number 3216

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

**Contact(s)**

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andrea	McCoy	Office Manager	(606)928-9808	(606)928-4788	andrea@cannonsburgwater.com
Tim	Webb	Manager	(606)928-9808		tim@cannonsburgwater.com

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**Invoice Detail**

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2022	Annual Premium for 2022-2023 Policy Renewal	\$35,943.00	\$35,943.00
07/01/2022	Addition of 2022 Dodge Ram (5947) valued at \$56,948 - after pricing released	\$1,661.00	\$1,661.00
<b>Total Due</b>			<b>\$37,604.00</b>

**Payment Options:**

- Option 1: Save 1%; pay \$37,227.96 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$18,802.01 plus 3 monthly payments of \$6,267.33

**Please Note: Effective January 1, 2023, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022.**

**Servicing Agency**

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

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# KACo WORKERS COMPENSATION FUND

400 Englewood Drive  
Frankfort, KY 40601  
1-800-264-5226

## CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

- ITEM 1 -** Name and Address of Insured:  
Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102
- ITEM 2 -** Certificate Number: WC2024-2504
- ITEM 3 -** Effective Date: Monday, July 1, 2024      Expiration Date: Tuesday, July 1, 2025  
12:01 A.M., standard time at the address of the Insured as stated herein.  
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:
- |                               |             |
|-------------------------------|-------------|
| (a) For Workers Compensation: | Statutory   |
| (b) For Employers Liability:  | \$2,500,000 |
- ITEM 6 -** Workers Compensation Premium: \$10,200.00
- ITEM 7 -** Special Fund Tax: \$666.00
- ITEM 8 -** **TOTAL PREMIUM:\*** \$10,866.00
- ITEM 9 -** Payment Options:
- (1) Full payment by 8/1/2024. 1% discount applied = \$10,757.34
  - (2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.  
50% = \$5,433.00 Plus 3 monthly payments of \$1,811.00

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

\* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

**THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.**

Dated at Frankfort, Kentucky this 29th day of May, 2024



Kris Dunn, Associate Director of Insurance

**KACo**  
Making Workers Comp Work in Kentucky

# 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: W240292  
Invoice Date: 05/29/2024

**Member Name and Address:**

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

**Member ID:** 2504

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-2504	\$10,200.00
Special Fund Tax	\$666.00
<b>Total Due</b>	<b>\$10,866.00</b>

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

(1) Full payment by 8/1/2024. 1% discount applied = \$10,757.34  
or

(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.  
50% = \$5,433.00 Plus 3 monthly payments of \$1,811.00

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

# 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: W230135  
Invoice Date: 06/05/2023

Agent:

Member Name and Address:

Member ID: 2504

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-2504	\$10,837.00
Special Fund Tax	\$752.00
<b>Total Due</b>	<b>\$11,589.00</b>

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

(1) Full payment by 8/1/2023. 1% discount applied = \$11,473.11  
or

(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.  
50% = \$5,794.50 Plus 3 monthly payments of \$1,931.50

Please Note: Effective January 1, 2024 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, 2023

**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



# 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: W220084  
Invoice Date: 05/26/2022

Agent:

Member Name and Address:

Member ID: 2504

Cannonsburg Water  
1606 Cannonsburg Lane  
Ashland, KY 41102

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-2504	\$10,555.00
Special Fund Tax	\$733.00
<b>Total Due</b>	<b>\$11,288.00</b>

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

(1) Full payment by 8/1/2022. 1% discount applied = \$11,175.12  
or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.  
50% = \$5,644.01 Plus 3 monthly payments of \$1,881.33

Please Note: Effective January 1, 2023 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022

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

**For claims service please call:**

(866) 367-5226