

KACo Workers Compensation Fund - Payroll Audit

Member Name: Sandy Hook Water District
 Member #: 3142
 Policy Number: WC2023-3142
 Policy Period: 7/1/2023 - 7/1/2024

PAID	
DATE	10-21-24
CK. #	39375
AMOUNT	651.00
FUND	OWM

Coverage administered under: KACo Workers Compensation
 In the State of: KY

Class	Class Description	Coverage	Estimated Payroll	Estimated Premium	Actual Payroll	Actual Premium
7520	Waterworks operations	3.59	\$141,331	\$5,073.78	\$164,828	\$5,917.33
8810	Clerical	0.25	\$106,150	\$265.38	\$108,456	\$271.14

Subtotal for Classes		\$5,339.16	\$6,188.47
Prorata Adjustment	1.0000	5,339.00	6,188.00
Experience Modifier	0.9300	(374.00)	(433.00)
Schedule Credits	0.7700	(1,142.00)	(1,324.00)
Premium Discounts:		0.00	0.00
Premium Subtotal		3,823.00	4,431.00
Minimum Premium		350.00	350.00
Tax Fund		265.00	308.00
Total Annual Premium		\$4,088.00	\$4,739.00

Invoice Number: P230493
 Invoice Date: 10/10/2024
 Invoice Due Date: 02/28/2025

Please remit payment with a copy of this invoice to:

KACO Workers Compensation
 400 Englewood Drive
 Frankfort, KY 40601

Additional Premium Due \$651.00

Please note: Effective March 1, 2025, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5% (minimum \$5 charge). To make certain no interest is charged, be sure to make full payment visibly postmarked no later than February 28, 2025.

* If you have any questions, please call 1-800-264-5226

Check Date 10/21/2024 Check Number 39375

Vendor	165	KACO	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount
Voucher Number	Invoice Number						
012951	P230493		10/21/2024	\$651.00	\$651.00	\$0.00	\$651.00
						Check Total	\$651.00

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND

Check Date 10/21/2024 Check Number 39375 **39375**

Vendor	165	KACO	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount
Voucher Number	Invoice Number						
012951	P230493		10/21/2024	\$651.00	\$651.00	\$0.00	\$651.00
						Check Total	\$651.00

**SANDY HOOK WATER DISTRICT
OPER. & MAINT. FUND**

(606) 738-6282
P.O. BOX 726
SANDY HOOK, KY 41171



First National Bank
Sandy Hook, KY 41171

73-347/421

DATE 10/21/2024

39375

AMOUNT \$*****651.00

CHECK NO. 39375

PAY Six Hundred Fifty One And No/100*****

DOLLARS

KACO
TO THE ORDER OF 400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

AUTHORIZED SIGNATURE

⑈039375⑈ ⑈042103473⑈ 5511658⑈

Details on back



Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

www.kaco.org

MEMORANDUM

DATE: October 10, 2024
TO: Sandy Hook Water District
FROM: Customer Service Representative Team
RE: Workers Compensation Payroll Audit – 2023-2024 Policy Period

Thank you for your returned payroll audit submission. Enclosed is an invoice that reflects additional premium due as a result of that submission.

Please remit payment to the following address:

KACO Workers Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

Payment is due by February 28, 2025. Any outstanding balance after that point will accrue a compounding monthly interest charge of 0.5% (minimum \$5 charge). To make certain no interest is charged, be sure to make full payment visibly postmarked no later than February 28, 2025.

Stronger Counties. Stronger Kentucky.



Statement of Balance Due

KACo Workers Compensation Fund
400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

Statement Date: 9/11/2024

Customer Number: 00-0003142

Sandy Hook Water District
PO BOX 726
SANDY HOOK, KY 41171

Date	Invoice Number	Description	Charge	Credit	Balance
6/30/2024	W240365-IN	24-25 Premium	4,125.00		4,125.00

PAID

DATE 9-16-24

CK. # 39298

AMOUNT 4,125.00

FUND OKM

Balance Due: 4,125.00

****PLEASE NOTE:** Effective January 1, 2025, any outstanding balance due on 24-25 Premium will accrue a compounding monthly interest charge of .5%.

Vendor 165 KACO Check Date 09/16/2024 Check Number 39298
 Voucher Number Invoice Number Invoice Date Invoice Amount Amount Paid Discount Taken Net Amount
 012868 W240365-IN 09/16/2024 \$4,125.00 \$4,125.00 \$0.00 \$4,125.00
 Check Total \$4,125.00

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND Check Date 09/16/2024 Check Number 39298
 Vendor 165 KACO
 Voucher Number Invoice Number Invoice Date Invoice Amount Amount Paid Discount Taken Net Amount
 012868 W240365-IN 09/16/2024 \$4,125.00 \$4,125.00 \$0.00 \$4,125.00
 Check Total \$4,125.00

STATMAN PRINTING CO.

**SANDY HOOK WATER DISTRICT
 OPER. & MAINT. FUND**
 (606) 738-6282
 P.O. BOX 726
 SANDY HOOK, KY 41171



First National Bank
 Sandy Hook, KY 41171
 73-347/421

DATE 09/16/2024

39298

AMOUNT \$*****4,125.00

CHECK NO. 39298

PAY Thousand One Hundred Twenty Five And No/100*****

DOLLARS

TO THE ORDER OF KACO
 400 ENGLEWOOD DRIVE
 FRANKFORT, KY 40601

 AUTHORIZED SIGNATURE

⑈039298⑈ ⑆042103473⑆ 5511658⑈

Details on back



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 K240752
Invoice Date 05/30/2024
Due Date 08/01/2024

Insured Name and Address

Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171

DATE	6-10-24
CK. #	39112
AMOUNT	21296.00
FUND	ADM

Member Number 3290

Contact(s)

First Name	Last Name	Title	Telephone	Fax	Email
Jessica	Litton-Adkins	General Manager	(606)738-6282	(606)738-6292	shwaterdistrict@outlook.com

Invoice Detail

Effective Date	Description	Premium	Amount Due
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$21,296.00	\$21,296.00
Total Due			\$21,296.00

Payment Options:

- Option 1: Save 1%; pay \$21,083.04 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$10,648.01 plus 3 monthly payments of \$3,549.33

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

RS Details on back

Kentucky Association of Counties Workers' Compensation Fund

400 Englewood Drive, Frankfort, KY 40601

Tel: 1-800-264-5226, FAX: 1-502-234-5055, Email: insurance@kaco.org

Date: 7/18/2024

Due Date: 8/1/2024

Insured Name and Address:

Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171

Member # 3142

Policy Number: WC2023-3142

Effective Date: 7/1/2023

Expiration Date: 7/1/2024

RE: 2023-2024 Workers' Compensation Payroll Audit

As you may recall, your 2023-2024 Workers' Compensation policy was written based upon ESTIMATED annual payroll for your exposures known at the time of your application for coverage. For the purpose of auditing your policy, we must now ask that you provide us with the ACTUAL payroll figures for those covered by this policy. The column below titled 'Estimated Payroll' indicates the payroll figures you submitted to us as estimates for each of the referenced job classifications. The column titled 'Actual Payroll' should now be completed with the actual payroll figures for those employees afforded coverage under this policy. Please be sure to record the number of employees for each job classification and round all payroll figures to the nearest dollar.

PLEASE COMPLETE THIS AUDIT REQUEST AND RETURN TO KACo FOR PROCESSING IMMEDIATELY

Please keep in mind that KACo reserves the right to inspect and audit your records; however, we hope you will find completing this form much more convenient. Should you have any questions pertaining to the completion of this audit, please contact our office at 1-800-264-5226.

Federal Employers ID Number (FEIN):

61-6016689

Telephone:

(606) 738-6282

Class	Class Description	2023-24	2023-24	2023-24	2023-24 Actual
		Estimated Payroll	# of Employees	Actual Payroll	# of Employees
7520	Waterworks operations	\$141,331	3	164,828.21	3
8810	Clerical	\$106,150	4	108,455.71	4 in 2023-3 in 2024
Other	_____				
Other	_____				
Other	_____				

Completed By:

Jessica Lutton-Adkins
General Manager

Date:

7-19-24

Title:

Phone:

606-738-6282

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C3290

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

Insured Name and Address

Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171

For customer service please call
(800)264-5226

Issued: 7/10/2024

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: 06/10/2011	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 7/10/2024

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C3290

Insured Name and Address

Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171

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: 06/10/2011	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

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:
Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171
- ITEM 2 -** Certificate Number: WC2024-3142
- 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: | \$3,872.00 |
| ITEM 7 - | Special Fund Tax: | \$253.00 |
| ITEM 8 - | TOTAL PREMIUM:* | \$4,125.00 |
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2024, 1% discount applied = \$4,083.75
(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,062.50 Plus 3 monthly payments of \$687.50

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: W240365
Invoice Date: 05/29/2024

Member Name and Address: Sandy Hook Water District
PO Box 726
Sandy Hook, KY 41171

Member ID: 3142

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-3142	\$3,872.00
Special Fund Tax	\$253.00
Total Due	\$4,125.00

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

- (1) Full payment by 8/1/2024. 1% discount applied = \$4,083.75
or
- (2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.
50% = \$2,062.50 Plus 3 monthly payments of \$687.50

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