

# KACo Workers Compensation Fund - Payroll Audit

Member Name: Sandy Hook Water District  
 Member #: 3142  
 Policy Number: WC2022-3142  
 Policy Period: 7/1/2022 - 7/1/2023

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	3.93	\$134,906	\$5,301.81	\$149,858	\$5,889.42
8810	Clerical	0.23	\$99,154	\$228.05	\$103,197	\$237.35

<b>Subtotal for Classes</b>		\$5,529.86	\$6,126.77
<b>Prorata Adjustment</b>	1.0000	5,530.00	6,127.00
<b>Experience Modifier</b>	0.9300	(387.00)	(429.00)
<b>Schedule Credits</b>	0.7200	(1,440.00)	(1,595.00)
<b>Premium Discounts:</b>		0.00	0.00
<b>Premium Subtotal</b>		3,703.00	4,103.00
<b>Minimum Premium</b>		350.00	350.00
<b>Tax Fund</b>		257.00	285.00
<b>Total Annual Premium</b>		\$3,960.00	\$4,388.00

Invoice Number: P220423  
 Invoice Date: 10/11/2023  
 Invoice Due Date: 02/29/2024

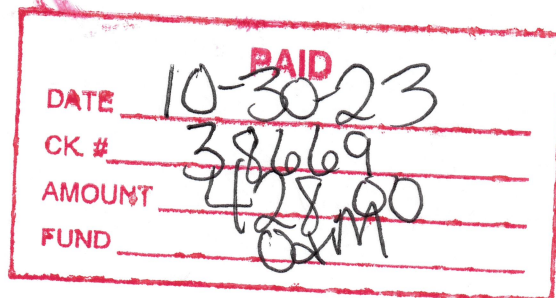
Please remit payment with a copy of this invoice to:

KACO Workers Compensation  
 400 Englewood Drive  
 Frankfort, KY 40601

**Additional Premium Due \$428.00**

Please note: Effective March 1, 2024, 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 29, 2024.

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



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

D96HJ1 SLKDK03 05/19/2023 18:40 -133-

38669

Vendor	165	KACO	Check Date 10/30/2023		Check Number	38669	
Voucher Number	Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount	
012139	P220423	10/30/2023	\$428.00	\$428.00	\$0.00	\$428.00	\$428.00
					Check Total	\$428.00	

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

Vendor	165	KACO	Check Date 10/30/2023		Check Number	38669	
Voucher Number	Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount	
012139	P220423	10/30/2023	\$428.00	\$428.00	\$0.00	\$428.00	\$428.00
					Check Total	\$428.00	

**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  
10/30/2023

38669

AMOUNT  
\$\*\*\*\*\*428.00

CHECK NO.  
38669

PAY  
Four Hundred Twenty Eight And No/100\*\*\*\*\*  
DOLLARS

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

\_\_\_\_\_  
AUTHORIZED SIGNATURE

⑈038669⑈ ⑆042103473⑆ 5511658⑈

# 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: W230493  
Invoice Date: 06/01/2023

Member Name and Address:

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

Member ID: 3142

<b>PAID</b>	
DATE	6-20-23
CK. #	38402
AMOUNT	4088.00
FUND	OLM

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-3142	\$3,823.00
Special Fund Tax	\$265.00
<b>Total Due</b>	<b>\$4,088.00</b>

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

- (1) Full payment by 8/1/2023. 1% discount applied = \$4,047.12  
or
- (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.  
50% = \$2,044.01 Plus 3 monthly payments of \$681.33

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

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND

38402

Check Date 06/20/2023 Check Number 38402

Vendor	165	KACO						
Voucher Number	Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount		
011864	W230493	06/20/2023	\$4,088.00	\$4,088.00	\$0.00	\$4,088.00		
					Check Total	\$4,088.00		

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND

Check Date 06/20/2023 Check Number 38402

38402

Vendor	165	KACO						
Voucher Number	Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount		
011864	W230493	06/20/2023	\$4,088.00	\$4,088.00	\$0.00	\$4,088.00		
					Check Total	\$4,088.00		

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 06/20/2023

38402

AMOUNT \$\*\*\*\*\*4,088.00

CHECK NO. 38402

PAY Four Thousand Eighty Eight And No/100\*\*\*\*\* DOLLARS

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

\_\_\_\_\_  
AUTHORIZED SIGNATURE

⑈038402⑈ ⑆042103473⑆ 5511658⑈



# 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 K230381  
Invoice Date 06/01/2023  
Due Date 08/01/2023

**PAID**  
DATE 6-20-23  
CK. # 38401  
AMOUNT 17,919.00  
FUND O&M

**Insured Name and Address**

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

Member Number 3290

Contact(s)					
<b><u>First Name</u></b>	<b><u>Last Name</u></b>	<b><u>Title</u></b>	<b><u>Telephone</u></b>	<b><u>Fax</u></b>	<b><u>Email</u></b>
Howard	Bridgett	Manager	(606)738-6282	(606)738-6292	shwater@mrtc.com

**Invoice Detail**

<b><u>Effective Date</u></b>	<b><u>Description</u></b>	<b><u>Premium</u></b>	<b><u>Amount Due</u></b>
07/01/2023	Annual Premium for 2023-2024 Policy Renewal	\$17,919.00	\$17,919.00
		<b>Total Due</b>	<b>\$17,919.00</b>

Payment Options:

- Option 1: Save 1%; pay \$17,739.81 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$8,959.50 plus 3 monthly payments of \$2,986.50

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.

**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*

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND

38401

Check Date 06/20/2023 Check Number 38401

Vendor Voucher Number	165 KACO Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount
011863	K230381	06/20/2023	\$17,919.00	\$17,919.00	\$0.00	\$17,919.00
					Check Total	\$17,919.00

SANDY HOOK WATER DISTRICT • OPER. & MAINT. FUND

Check Date 06/20/2023 Check Number 38401

38401

Vendor Voucher Number	165 KACO Invoice Number	Invoice Date	Invoice Amount	Amount Paid	Discount Taken	Net Amount
011863	K230381	06/20/2023	\$17,919.00	\$17,919.00	\$0.00	\$17,919.00
					Check Total	\$17,919.00

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  
06/20/2023

38401

AMOUNT  
\$\*\*\*\*\*17,919.00

CHECK NO.  
38401

PAY  
Seventeen Thousand Nine Hundred Nineteen And No/100\*\*\*\*\*

DOLLARS

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

AUTHORIZED SIGNATURE

⑈038401⑈ ⑆042103473⑆ 5511658⑈

# KACo WORKERS COMPENSATION FUND

400 Englewood Drive

Frankfort, KY 40601

1-800-264-5226

## CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

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<b>ITEM 1 -</b>	Name and Address of Insured: Sandy Hook Water District PO Box 726 Sandy Hook, KY 41171
<b>ITEM 2 -</b>	Certificate Number: WC2023-3142
<b>ITEM 3 -</b>	Effective Date: Saturday, July 01, 2023 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50
<b>ITEM 4 -</b>	Expiration Date: Monday, July 01, 2024
<b>ITEM 4 -</b>	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
<b>ITEM 5 -</b>	Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: Statutory (b) For Employers Liability: \$2,500,000
<b>ITEM 6 -</b>	Workers Compensation Premium: \$3,823.00
<b>ITEM 7 -</b>	Special Fund Tax: \$265.00
<b>ITEM 8 -</b>	<b>TOTAL PREMIUM:*</b> \$4,088.00
<b>ITEM 9 -</b>	Payment Options: (1) Full payment by 8/1/2023. 1% discount applied = \$4,047.12 (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance. 50% = \$2,044.01 Plus 3 monthly payments of \$681.33

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


\* 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.**

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Dated at Frankfort, Kentucky this 1st day of June, 2023

  
Kris Dunn, Associate Director of Insurance

**KACo**  
Making Workers Comp Work in Kentucky



## Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

[www.kaco.org](http://www.kaco.org)

Date: June 2, 2023  
To: Sandy Hook Water District  
From: Temple Juett  
KACo All Lines Fund  
Re: 2023-2024 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund and for trusting KACo to provide for your general insurance needs. Our mission has always been to provide the best coverage at the best possible price, a goal which grows in importance as the world of insurance becomes more and more complicated and unpredictable.

The KACo programs are owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends. It is a shining example of interlocal cooperation which works because of your participation. Members helping each other is what the program is all about.

Enclosed you will find the following KACo All Lines Fund renewal documents:

**2023-2024 Invoice**

2023-2024 Declarations Page

Summary of Coverage Updates

Vehicle Card(s)

Regarding your invoice, at the bottom it shows the discount you can receive if you pay your premium prior to 8/1/2023, as well as the penalty that will apply if your premium is not paid in full by 12/31/2023.

Please remit payment to:  
KACo All Lines Fund  
Attn: Accounting Department  
400 Englewood Drive  
Frankfort, KY 40601

Your policy for policy year 2023-2024 will be emailed again this year. The primary email address we have on file for you is: [shwater@mrtc.com](mailto:shwater@mrtc.com). Send a message to [insurance@kaco.org](mailto:insurance@kaco.org) if we need to make any changes to the email address we have on file.

If you have any questions, do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!

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**Stronger Counties. Stronger Kentucky.**





# Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

[www.kaco.org](http://www.kaco.org)

Date: June 1, 2023  
To: Sandy Hook Water District  
From: Temple Juett  
KACo Workers Compensation Fund  
Re: 2023-2024 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo Workers Compensation Fund renewal documents:

Renewal Certificate  
2023-2024 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2023, as well as the penalty that will apply if your premium is not paid in full by 12/31/2023.

Please remit payment to:

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

The enclosed Application for Membership Agreement (KACo W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to [insurance@kaco.org](mailto:insurance@kaco.org). If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance. Also, for those otherwise qualifying for a dividend from the 2008-2009 policy year, receipt of this document is final confirmation of your eligibility to receive your dividend check.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

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**Stronger Counties. Stronger Kentucky.**

# 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:** 7/1/2023 to 7/1/2024

**For customer service please call**

(800)264-5226


**Issued:** 06/01/2023

**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
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized  
Representative



Date 6/1/2023