WORKERS COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY – INFORMATION PAGE

INSURER: **POLICY NO:** WKY 5066119 02 INSURANCE COMPANY OF THE WEST WKY 5066119 01 RENEWAL OF: NCCI Company No: 19593 Account No: N.J. Taxpayer Identification No. ITEM 1. NAMED INSURED AND MAILING ADDRESS: PRODUCER NAME AND ADDRESS: E.M. FORD & CO., LLC 600 FREDERICA ST WEBSTER COUNTY WATER DISTRICT 478 US HIGHWAY 41A S **DIXON KY 42409** OWENSBORO KY 42301 PRODUCER NO.: 0010682 **LEGAL ENTITY:** GOVERNMENT ENTITY OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule) **ITEM 2. POLICY PERIOD:** From: 07-01-2024 To: 07-01-2025 Effective 12:01 A.M. Standard Time at the Insured's mailing address. ITEM 3. COVERAGE: 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 liability under Part Two are: Bodily Injury by Accident: 1,000,000 each accident Bodily Injury by Disease: \$ 1,000,000 policy limit 1,000,000 Bodily Injury by Disease: each employee C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC OK OR PA RI SC SD TN TX UT VT VA WV WI D. This Policy includes these Endorsements and Schedules: See Schedule of Forms and Endorsements. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and ITEM 4. Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit. **Total Estimated** 500 Annual Premium: \$ Minimum Premium: \$ 3,117 Audit Period: ANNUAL Issued At: Kentucky, FL Date: 07-10-24 Countersigned by _____

WC 00 00 01 A (Ed. 9-06)

Insurance Company of the West

PO Box 509039 San Diego, CA 92150-9039

Standard Workers' Compensation and Employers' Liability Policy

Named Insured: WEBSTER COUNTY WATER DISTRICT

Agent Name: E.M. FORD & CO., LLC Policy Number: WKY 5066119 02 Policy Period: 07-01-2024To 07-01-2025

Agent No: 0010682

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NAMED INSURED AND LOCATION SCHEDULE

001 WEBSTER COUNTY WATER DISTRICT

478 US HIGHWAY 41A S

DIXON KY 42409

FEIN: 61-0944225 SIC Code: 4941

EMP : 9 PHONE # : (270)639-9010

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INSURED

Insurance Company of the West

PO Box 509039 San Diego, CA 92150-9039

Standard Workers' Compensation and Employers' Liability Policy

Named Insured: WEBSTER COUNTY WATER DISTRICT Policy Number: WKY 5066119 02

Agent Name: E.M. FORD & CO., LLC

Policy Period: 07-01-2024 To 07-01-2025

Agent No. 0010682

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EXTENSION OF INFORMATION PAGE

CLASSIFICATIONS SCHEDULE

	Code			mium Basis al Estimated	Rate Per \$100 of		Estimated Annual	
St Loc KENTUCKY 0001-01	No.	Classifications	Annual Remuneration		Remuneration		Premium	
		WEBSTER COUNTY WATER DISTRICT FEIN # 61-0944225 SIC CODE 4941 NAICS CODE 221310						
		478 US HIGHWAY 41A S DIXON KY 42409						
	7520	WATERWORKS OPERATION & DRIVERS.	\$	265,000	1.60	\$	4,240.00	
	8810	CLERICAL OFFICE EMPLOYEES NOC.	\$	156,400	.11	\$	172.00	

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INSURED

Insurance Company of the West

PO Box 509039 San Diego, CA 92150-9039

Standard Workers' Compensation and Employers' Liability Policy

Named Insured: WEBSTER COUNTY WATER DISTRICT Policy Number: WKY 5066119 02

Agent Name: E.M. FORD & CO., LLC Policy Period: 07-01-2024 To 07-01-2025

Agent No. 0010682

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EXTENSION OF INFORMATION PAGE

CLASSIFICATIONS SCHEDULE

St Loc	Code No.	Classifications		Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
		TOTAL CLASS PREMIUM INCREASED LIMITS OF				\$ 4,412.00
	9812	LIABILITY INCREASED LIMITS OF LIAB	1.011 BILITY			\$ 49.00
	9848	BALANCE TO MINIMUM				\$ 71.00
		TOTAL SUBJECT PREMIUM				\$ 4,532.00
		TOTAL MODIFIED PREMIUM				\$ 4,532.00
	9887	SCHEDULE MODIFICATION	. 60			\$ -1,813.00
		STANDARD TOTAL				\$ 2,719.00
	0900	EXPENSE CONSTANT				\$ 140.00
	9740	TERRORISM CATASTROPHE (OTHER THAN CERTIFIED ACTS OF	.006			\$ 25.00
	9741	TERRORISM)	.01			\$ 42.00
		TOTAL ESTIMATED PREMIUM				\$ 2,926.00
		KY SF (NON-COAL)				
	9688	SURCHARGE	1.0653			\$ 191.00
		TOTAL				\$ 3,117.00
POLICY '	\$ 3,117.00					

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