

COMMON POLICY DECLARATIONS**POLICY NUMBER:** ZLP-15N04202-24-PC
ISSUE DATE: 12/04/23**INSURING COMPANY:** THE TRAVELERS INDEMNITY COMPANY**1. NAMED INSURED AND MAILING ADDRESS:**SOUTH LOGAN WATER ASSOCIATION INC
A PUBLIC ENTITY
114 SOUTH MAIN STREET
ADAIRVILLE, KY 42202-8452**2. POLICY PERIOD:** From 02/02/24 to 02/02/25 12:01 A.M. Standard Time at your mailing address.**3. LOCATIONS:**

Premises Loc. No.	Bldg. No.	Occupancy	Address (same as Mailing Address unless specified otherwise)
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4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:

✓ COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS	CG T0 01
✓ EMPLOYEE BENEFITS LIABILITY COVERAGE PART DECLARATIONS	CG T0 09
✓ PUBLIC ENTITY MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS	PR T0 03

5. NUMBERS OF INTERLINE FORMS AND ENDORSEMENTS FORMING PART OF THIS POLICY:

SEE IL T8 01

6 SUPPLEMENTAL POLICIES:

Each of the following is a separate policy containing its complete provisions:

Policy	Policy No.	Insuring Company
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7. PREMIUM SUMMARY:

Provisional Premium	\$SEE
Due at Inception	\$DELIVERY
Due Each	\$INVOICE

NAME AND ADDRESS OF AGENT OR BROKER

MARKLIN INSURANCE AGENCY

P.O. BOX 937
ELKTON KY 42220

COUNTERSIGNED BY:

Authorized Representative

Date: _____

**COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS****POLICY NO.:** ZLP-15N04202-24-PC
ISSUE DATE: 12/04/23**INSURING COMPANY :** The Travelers Indemnity Company**DECLARATIONS PERIOD:** From 02/02/24 to 02/02/25 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial General Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

1. COVERAGE AND LIMITS OF INSURANCE:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM	LIMITS OF INSURANCE
General Aggregate Limit (Other than Products-Completed Operations)	\$3,000,000
Products-Completed Operations Aggregate Limit	\$3,000,000
Personal & Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented to You Limit (any one premises)	\$50,000
Medical Expense Limit (any one person)	\$5,000

2. AUDIT PERIOD:**3. FORM OF BUSINESS:** SEE COMMON POLICY DECLARATIONS**4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS
COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.**

SEE IL T8 01.

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**



One Tower Square, Hartford, Connecticut 06183

**PUBLIC ENTITY MANAGEMENT LIABILITY
COVERAGE PART DECLARATIONS**

POLICY NO.: ZLP-15N04202-24-PC
ISSUE DATE: 12/04/23

THIS COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS

INSURING COMPANY: THE TRAVELERS INDEMNITY COMPANY

POLICY PERIOD: From 02/02/24 to 02/02/25 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Public Entity Management Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

1. COVERAGE AND LIMITS OF INSURANCE:

PUBLIC ENTITY MANAGEMENT LIABILITY COVERAGE FORM	LIMITS OF INSURANCE
Aggregate Limit	\$3,000,000
Each Wrongful Act Limit	\$1,000,000

2. RETROACTIVE DATE: 02/02/2007

3. DEDUCTIBLE:
Each Wrongful Act Deductible \$2,500

4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

SEE IL T8 01



One Tower Square, Hartford, Connecticut 06183

**EMPLOYEE BENEFITS LIABILITY
COVERAGE PART DECLARATIONS**

POLICY NO.:ZLP-15N04202-24-PC
ISSUE DATE:12/04/23

INSURING COMPANY: THE TRAVELERS INDEMNITY COMPANY

DECLARATIONS PERIOD: From 02/02/24 to 02/02/25 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Employee Benefits Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

1. COVERAGE AND LIMITS OF INSURANCE

**Employee Benefits Liability
Coverage Form**

Limits of Insurance

Aggregate Limit	\$3,000,000
Each Employee Limit	\$1,000,000

2. AUDIT PERIOD:

3. FORM OF BUSINESS: SEE COMMON POLICY DECLARATIONS

4. RETROACTIVE DATE:

This insurance does not apply to negligent acts, errors or omissions which occurred before the Retroactive Date, if any shown below.

Retroactive Date: NONE

5. EMPLOYEE BENEFIT PROGRAMS OTHER THAN THOSE LISTED IN SECTION VII - DEFINITIONS:

6. DEDUCTIBLE:

\$1,000 EACH EMPLOYEE

7. PREMIUM COMPUTATION:

Estimated No. of Employees	Rate Per Employee	Estimated Premium	Minimum Premium
4		\$192	\$

**8. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENT FORMING PART OF THIS
COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.**

SEE IL T8 01.

PRODUCER: MARKLIN INSURANCE AGENCY

OFFICE: San Antonio

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FAILURE TO SUPPLY - LIMITED COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE - FAILURE TO SUPPLY LIMIT

Failure To Supply Limit \$1,000,000 Each Occurrence

PROVISIONS

- 1. The following exclusion is added to Paragraph 2., Exclusions , of SECTION I - COVERAGES - COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY:**

Failure To Supply

"Bodily injury" or "property damage" arising out of the failure of any insured to adequately supply gas, oil, water, electricity or steam.

If an amount is shown for the Failure To Supply Limit in the Schedule - Failure To Supply Limit, this exclusion does not apply to such "bodily injury" or "property damage", and a separate limit of insurance applies to such "bodily injury" or "property damage" as described in Section III - Limits Of Insurance.

If no amount is shown for the Failure To Supply Limit in the Schedule - Failure To Supply Limit, this exclusion does not apply to "bodily injury" or

"property damage" arising out of a failure to supply that results from the sudden and accidental damage to tangible property owned or used by any insured to procure, produce, process or transmit the gas, oil, water, electricity or steam.

- 2. The following is added to SECTION III - LIMITS OF INSURANCE:**

Subject to Paragraph 5. of Section III - Limits Of Insurance, if an amount is shown for the Failure To Supply Limit in the Schedule - Failure To Supply Limit, that limit is the most we will pay for the sum of:

- a. Damages under Coverage A; and**
- b. Medical expenses under Coverage C;**

because of all "bodily injury" and "property damage" arising out of the failure of any insured to adequately supply gas, oil, water, electricity or steam to one or more persons or organizations.