**NORTNE-P01** 

STHOMAS

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

9/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Jeff Stiles, CIC Houchens Insurance Group 505 Wellington Way, Suite 275 Lexington, KY 40503 PHONE (A/C, No, Ext): (270) 737-2828 1259 FAX (A/C, No): (270) 843-8808 E-MAIL ADDRESS: jstiles@higusa.com INSURER(S) AFFORDING COVERAGE NAIC # 28665 INSURER A: Cincinnati Casualty Company INSURED **INSURER B:** North Nelson Water District INSURER C: PO Box 25 INSURER D : Coxs Creek, KY 40013 INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY NUMBER POLICY EFF POLICY EXP LIMITS X 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 100,000 ETD0619937 6/26/2022 6/26/2023 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 X PRO-POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 A AUTOMOBILE LIABILITY X ANY AUTO ETD0619937 6/26/2022 6/26/2023 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HITES ONLY NON-SYMED 5,000,000 AX UMBRELLA LIAB X OCCUR EACH OCCURRENCE ETD0619937 6/26/2022 6/26/2023 5.000.000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 0 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE North Nelson Water District

ACORD 25 (2016/03)

5555 Louisville Road Coxs Creek, KY 40013

NORTNE-P01

STHOMAS

ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in ileu of such endorsement(s). CONTACT Jeff Stiles, CIC Houchens Insurance Group 505 Wellington Way, Sulte 275 Lexington, KY 40503 PHONE (A/C, No, Ext): (270) 737-2828 1259 (A/C, No): (270) 843-8808 E-MAIL ADDRESS: jstiles@higusa.com INSURER(S) AFFORDING COVERAGE NAIC # 28665 INSURER A: Cincinnati Casualty Company INSURED INSURER B: North Neison Water District INSURER C: PO Box 25 INSURER D: Coxs Creek, KY 40013 INSURER E : INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP INSR LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 6/26/2024 ETD0619937 6/26/2023 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 X POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO ETD0619937 6/26/2023 6/26/2024 SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HUTERS ONLY NOTICE SANED 5,000,000 X X UMBRELLA LIAB OCCUR EACH OCCURRENCE 6/26/2024 5.000.000 ETD0619937 6/26/2023 **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED X RETENTIONS 0 OTH-PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE North Nelson Water District

5555 Louisville Road Coxs Creek, KY 40013







Statement - Premium Due

001549 128 1000583572 16386 06 NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002

Amount Due:	\$12,290.00
Due Date:	06/26/2022

Account Number: Policy Number(s) with Premium Due: 0619937 Statement Prepared On: 06/02/2022

Questions regarding your insurance coverage: Houchens Insurance Group, Inc. (16386) (270)737-2828

Questions regarding your statement: Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Ordina	chlin.com
or by Phoned	800-364-3400
	Payments may be made by checking, savings or credit card. We accept Viss®, MasterCard®, Discover®, and American Express® cards.
	Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145539
	Cincinnati, OH 45250 - 5620
Overnight	The Cincinnati Insurance Company
Payment	Attentiorc Corporate Accounts Receivable 6200 South Gilmore Road
Address:	Fairfield, OH 45014 - 5141

Prop Centials To Crum: Lumbille-fairte







000078 128 1000583378 16386 04 NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002

Amount Due:	100	\$3,888.00
Due Date:		06/26/2022

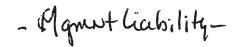
Account Number:
Policy Number(s) with Premium Due:
0619965

Statement Prepared On: 06/02/2022

Questions regarding your insurance coverage: Houchens Insurance Group, Inc. (16386) (270)737-2828

Questions regarding your statement: Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online	cinlin.com
or by Phonec	808-354-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards.
	Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank halidays.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnali Insurance Company Altentior: Cooperate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141



## **Public Entity Insurance**

505 Wellington Way, Suite 275 Lexington, KY 40503

Phone: (859) 296-4580 Fax: (859) 296-4583

Page	1 of 1	
	Dite	
	6/21/2022	
Mountain 1	UH STORY S	
		977
Amou	ntipue ,	
\$2,02	3.78	
	Amou	Date

North Nelson Water District P.O. Box 25 Coxs Creek, KY 40013 GSR Jeff Stiles, CIC

Commercial Cyber Crime	PolicyNumber:	Effectives 6/26/2022 to 6/26/2022
7,74	1 one/Hambers	Effective: 6/26/2022 to 6/26/2023

Item#	Trans Eff Date	Due Date	Trans	Description	, Amour	îŧ
1381951	6/26/2022	7/16/2022	RENB	22-23 Cyber Policy	\$1,988.0	00
1381952	6/26/2022	7/16/2022	CFEE	KY Surcharge	s \$35.7	<b>'</b> 8

**Total Invoice Balance:** 

\$2,023.78







000745 128 1000583572 16386 03 NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002

 Amount Due:
 \$511.00

 Due Date:
 03/26/2023

Payment Method: Direct Invoice

Account Number:

Policy Number(s) with Premium Due:

0619937

Statement Prepared On: 03/02/2023

Questions regarding your insurance coverage:

Houchens Insurance Group, Inc. (16386) (270)737-2828

Questions regarding your statement:

Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online or by Phone:	cinfin.com 800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover® and American Express® cards for online and phone payments.
	PayPal™, PayPal Credit and Venmo™ are accepted for online payments.
	All payments confirmed prior to 3 p.m. Eastern Time are applied the same day.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

auto-ductonew Trucks





000548 128 1000583572 16386 04 NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002

Amount Due:

\$14,063.00

Due Date:

06/26/2023

Payment Method: Direct Invoice

Account Number:

Policy Number(s) with Premium Due:

0619937

Prop G.L IN unbella Outo

Statement Prepared On: 06/01/2023

Questions regarding your insurance coverage:

Houchens Insurance Group, Inc. (16386) (270)737-2828

Questions regarding your statement:

Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online or by Phone:	<i>cinfin.com</i> 800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover® and American Express® cards for online and phone payments.
	PayPal™, PayPal Credit and Venmo™ are accepted for online payments.
	All payments confirmed prior to 3 p.m. Eastern Time are applied the same day.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

### Please detach and return the remittance stub below with your payment.

Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

**Account Number** 

**Due Date** 06/26/2023

Amount Due \$14,063.00

Late Payments: A fee of up to \$25 and/or account cancelation may result if the total amount due is not received and posted by the due date.

NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002 Please mark for change of address and complete the reverse side.

THE CINCINNATI INSURANCE COMPANY PO BOX 145620 CINCINNATI OH 45250 -5620







000541 128 1000583378 16386 04 NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002

Amount Due:

\$3,888.00

Due Date: 06/26/2023

Payment Method: Direct Invoice

Account Number:

Policy Number(s) with Premium Due:

0619965

crime

Statement Prepared On: 06/01/2023

Questions regarding your insurance coverage:

Houchens Insurance Group, Inc. (16386) (270)737-2828

Questions regarding your statement:

Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online or by Phone:	cinfin.com 800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover® and American Express® cards for online and phone payments.
	PayPal™, PayPal Credit and Venme™ are accepted for online payments.
	All payments confirmed prior to 3 p.m. Eastern Time are applied the same day.
Payment Address:	The Cincinnati Insurance Company P.O. Bex 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

## Please detach and return the remittance stub below with your payment.

Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number

**Due Date** 06/26/2023

Amount Due \$3,888.00

Late Payments: A fee of up to \$25 and/or account cancelation may result if the total amount due is not received and posted by the due date.

NORTH NELSON WATER DISTRICT PO BOX 25 COXS CREEK KY 40013-3002 Please mark for change of address and complete the reverse side.

THE CINCINNATI INSURANCE COMPANY PO BOX 145620 CINCINNATI OH 45250 -5620

# **Public Entity Insurance**

505 Weilington Way, Suite 275 Lexington, KY 40503

∴hone: (859) 296-4580Fax: (859) 296-4583

CSC

Invoice # 144462	Page 1 of 1
Account Number	Date
NORTNE-P01	6/15/2023
BALANCE DUE ON	
7/16/2023	
AMOUNT PAID	Amount Due
	\$2,068.58

North Nelson Water District P.O. Box 25 Coxs Creek, KY 40013 CSR Jeff Stiles, CIC

Commercial Cyber Crime	PolicyNumber:	Effective: 6/26/2023 to 6/26/2024

Item#	Trans Eff Date	Due Date	Trans	Description	Amount
1574963	6/26/2023	7/16/2023	RENB	23-24 Cyber Policy Renewal	\$2,032.00
1574964	6/26/2023	7/16/2023	CFEE	KY Surcharge - Cyber Policy Renewal	\$36.58

**Total Invoice Balance:** 

\$2,068.58

