



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2024

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(ies) 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).

PRODUCER First Insurance Group P.O. Box 845 107 Lincoln Way Bardstown KY 40004	CONTACT NAME: Conversion Employee
	PHONE (A/C, No, Ext): (502) 348-5921
	FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Summit Specialty Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
INSURED North Nelson Water District In P.O. Box 25 Cox's Creek KY 40013	NAIC # 16889

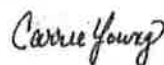
COVERAGES**CERTIFICATE NUMBER:** CL2492067798**REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	194-02991	06/10/2022	06/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

North Nelson Water District 5555 Louisville Rd Cox's Creek KY 40013	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 
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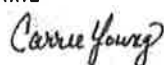
PRODUCER First Insurance Group P.O. Box 845 107 Lincoln Way Bardstown KY 40004	CONTACT NAME: Carrie Young	PHONE (A/C, No, Ext): (502) 348-5921	FAX (A/C, No):
	E-MAIL ADDRESS: carrie@myfirstinsurancegroup.com		
INSURED North Nelson Water District In P.O. Box 25 Cox's Creek KY 40013	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Summit Specialty Insurance Company		16889
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL2492067776 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSO	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			194-02991	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER North Nelson Water District 5555 Louisville Rd Cox's Creek KY 40013	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 

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Workers' Comp Invoice



Member of Great American Insurance Group

Amount Due \$2,486.53
 Policy Number
 Invoice Level Policy
 Invoice Date 05/20/2022
 Invoice ID 12311129

Contact Us

Customer Service: 800-282-7648
 Review Policy/Make a Payment: www.summltholdings.com

Agency: First Insurance Group

Agency Phone: 502-348-5921

North Nelson Water District
 PO Box 25
 Coxs Creek, KY 40013-0025

Unit	State	Policy Term	Description	Due Date	EFT Draft Date	Amount Due
			Current Invoice			
			Expense Constant	06/10/2022		\$140.00
			Workers' Comp Policy	06/10/2022		\$2,346.53

\$2,486.53

If payment has been made to satisfy the total due, please disregard this notice.

▼ Please fold, detach at perforation and return bottom portion with your payment in the enclosed envelope.

Invoice Date: 05/20/2022

Invoice ID: 12311129

Electronic Funds Transfer Authorization or Changes (See Reverse). EFT not available for WebCap Customers.

For Specific Due Date Reference Above		
Policy Number		
EFT Amount to Be Drafted (See Reverse)	Current Charges Due via Check/Online Payment	Past Due - Pay Immediately
\$0.00	\$2,486.53	\$0.00
Total		\$2,486.53

Amount Paid:

Bridgefield Casualty Insurance Company
 P.O. Box 32034
 Lakeland, FL 33802-2034

North Nelson Water District
 PO Box 25
 Coxs Creek, KY 40013-0025

01019402991000012210520220002486530002486534

Workers' Comp Invoice



Member of Great American Insurance Group

Amount Due \$318.53
Policy Number
Invoice Level Policy
Invoice Date 10/20/2022
Invoice ID 12480934

North Nelson Water District
PO Box 25
Coxs Creek, KY 40013-0025

Contact Us

Customer Service: 800-282-7648
Review Policy/Make a Payment: www.summitholdings.com

Agency: First Insurance Group

Agency Phone: 502-348-5921

Unit	State	Policy Term	Description	Due Date	EFT Draft Date	Amount Due
			Current Invoice			
	KY	06/10/2022-06/10/2023	Workers' Comp Policy	11/10/2022		\$154.11
	KY	06/10/2021-06/10/2022	Workers' Comp Policy - Audt	11/10/2022		\$164.42

\$318.53

Workers' Comp Invoice



Member of Great American Insurance Group

Amount Due \$2,435.21
 Policy Number
 Invoice Level Policy
 Invoice Date 05/20/2023
 Invoice ID 12718317

Contact Us

Customer Service: 800-282-7648
 Review Policy/Make a Payment: www.summitholdings.com
 Agency: First Insurance Group
 Agency Phone: 502-348-5921

North Nelson Water District
 PO Box 25
 Coxs Creek, KY 40013-0025

Unit	State	Policy Term	Description	Due Date	EFT Draft Date	Amount Due
			Current Invoice			
			Expense Constant	06/10/2023		\$140.00
			Workers' Comp Policy	06/10/2023		\$2,295.21

\$2,435.21

If payment has been made to satisfy the total due, please disregard this notice.

▼ Please fold, detach at perforation and return bottom portion with your payment in the enclosed envelope.

Invoice Date: 05/20/2023

Invoice ID: 12718317

Electronic Funds Transfer Authorization or Changes (See Reverse). EFT not available for WebCap Customers.

For Specific Due Date Reference Above		
Policy Number:		
EFT Amount to Be Drafted (See Reverse)	Current Charges Due via Check/Online Payment	Past Due - Pay Immediately
\$0.00	\$2,435.21	\$0.00
Total		\$2,435.21

Amount Paid: **2,435.21**

Bridgefield Casualty Insurance Company
 P.O. Box 32034
 Lakeland, FL 33802-2034

North Nelson Water District
 PO Box 25
 Coxs Creek, KY 40013-0025