



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/7/2024

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).

<b>PRODUCER</b> Acrisure Southeast Partners Insurance Services, LLC 1317 Citizens Blvd Leesburg, FL 34748	<b>CONTACT NAME:</b> Hershel Blanton <b>PHONE (A/C, No, Ext):</b> (606) 864-5171 <b>E-MAIL ADDRESS:</b> HBlanton@acrisure.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Wood Creek Water District P.O. Box 726 London, KY 40743-0726	<b>INSURER A:</b> The Charter Oak Fire Insurance Company	<b>NAIC #</b> 25615
	<b>INSURER B:</b> Travelers Property Casualty Company of America	<b>25674</b>
	<b>INSURER C:</b> Kentucky Employers' Mutual Insurance	<b>10320</b>
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

### 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZLP-41N40155	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			H-810-2S961425	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-71N40401	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	398817	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Public Service Commission 211 Sower Blvd PO Box 615 Frankfort, KY 40602	<b>CANCELLATION</b>  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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<b>PRODUCER</b> Patton Chesnut Binder 625 S Main Street  London KY 40741	<b>CONTACT NAME:</b> Hershel Blanton <b>PHONE (A/C, No, Ext):</b> (606) 864-5171 <b>FAX (A/C, No):</b> (606) 878-1850 <b>E-MAIL ADDRESS:</b> hblanton@acrisure.com																					
<b>INSURED</b>  Wood Creek Water District P.O. Box 726  London KY 40743-0726	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 50%;">INSURER A:</td> <td>TRAVELERS</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>KEMI</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	TRAVELERS		INSURER B:	KEMI		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			H-810-2S961425-TCT-23	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-71N40401-23-PB	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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<b>Invoice #</b>	<b>Date</b>
18781	8/9/2024
<b>Account Number</b>	<b>Amount Due</b>
WOODCRE-05	\$31,146.80

Pay Online at: [www.Acrisure.com/Southeast-Pay/](http://www.Acrisure.com/Southeast-Pay/)

Make checks payable and remit to:

Make checks payable and remit to:

Attn: SouthEast Platform, PO Box 1788  
Grand Rapids, MI 49501

Wood Creek Water District  
P.O. Box 726  
London, KY 40743-0726

Detach and return top portion with check payment. Please include invoice number on check memo line.



Invoice #	Account Number	Date	Amount Due
18781	WOODCRE-05	7/1/2024	\$31,146.80

**Commercial Package** Policy Number: H-630-2S961425 Effective:7/1/2024 to 7/1/2025

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198454	7/1/2024	8/9/2024	RENB	1 of 4 Property Quarterly Installments	\$12,471.00
198454	7/1/2024	8/9/2024	BTSB	Billed To: East Laurel Water District	(\$1,045.00)
198454	7/1/2024	8/9/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$1,416.00)
198472	7/1/2024	7/1/2024	SLTX	KY State Tax	\$897.00
198472	7/1/2024	7/1/2024	BTSB	Billed To: East Laurel Water District	(\$79.38)
198472	7/1/2024	7/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$107.73)

**Business Auto** Policy Number: H-810-2S961425 Effective:7/1/2024 to 7/1/2025

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198476	7/1/2024	8/9/2024	RENB	1 of 4 Commercial Auto Quarterly Installments	\$14,368.00
198488	7/1/2024	8/9/2024	SLTX	1 of 4 KY State Tax	\$260.00

**Commercial Package** Policy Number: ZLP-41N40155 Effective:7/1/2024 to 7/1/2025

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198521	7/1/2024	8/9/2024	RENB	1 of 4 Commercial Package EPL/GL Installments	\$7,561.00
198521	7/1/2024	8/9/2024	BTSB	Billed To: East Laurel Water District	(\$1,814.00)
198521	7/1/2024	8/9/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$1,619.00)
198545	7/1/2024	7/1/2024	SLTX	KY State Tax	\$545.00
198545	7/1/2024	7/1/2024	BTSB	Billed To: East Laurel Water District	(\$130.75)
198545	7/1/2024	7/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$116.63)

**Commercial Umbrella** Policy Number: ZUP-71N40401 Effective:7/1/2024 to 7/1/2025

Account Name: Wood Creek Water District

Pay Now

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198574	7/1/2024	8/9/2024	RENB	1 of 4 Umbrella Installments	\$2,346.00
198574	7/1/2024	8/9/2024	BTSB	Billed To: East Laurel Water District	(\$563.00)
198574	7/1/2024	8/9/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$502.00)
198587	7/1/2024	7/1/2024	SLTX	KY State Tax	\$169.00
198587	7/1/2024	7/1/2024	BTSB	Billed To: East Laurel Water District	(\$40.54)
198587	7/1/2024	7/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$36.17)

**Total Invoice Balance:**

**\$31,146.80**

**Account Name: Wood Creek Water District**

Pay Now

<b>Invoice #</b>	<b>Date</b>
18784	8/12/2024
<b>Account Number</b>	<b>Amount Due</b>
WOODCRE-05	\$30,040.00

**Pay Online at: [www.Acrisure.com/Southeast-Pay/](http://www.Acrisure.com/Southeast-Pay/)**

**Make checks payable and remit to:**

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P.O. Box 726  
London, KY 40743-0726**

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<b>Invoice #</b>	<b>Account Number</b>	<b>Date</b>	<b>Amount Due</b>
18784	WOODCRE-05	7/1/2024	\$30,040.00

**Commercial Package** Policy Number: **H-630-2S961425** Effective: **7/1/2024** to **7/1/2025**

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198457	7/1/2024	10/1/2024	RENB	2 of 4 Property Quarterly Installments	\$12,471.00
198457	7/1/2024	10/1/2024	BTSB	Billed To: East Laurel Water District	(\$1,045.00)
198457	7/1/2024	10/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$1,416.00)

**Business Auto** Policy Number: **H-810-2S961425** Effective: **7/1/2024** to **7/1/2025**

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198477	7/1/2024	10/1/2024	RENB	2 of 4 Commercial Auto Quarterly Installments	\$14,361.00
198489	7/1/2024	10/1/2024	SLTX	2 of 4 KY State Tax	\$260.00

**Commercial Package** Policy Number: **ZLP-41N40155** Effective: **7/1/2024** to **7/1/2025**

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198524	7/1/2024	10/1/2024	RENB	2 of 4 Commercial Package EPL/GL Installments	\$7,561.00
198524	7/1/2024	10/1/2024	BTSB	Billed To: East Laurel Water District	(\$1,814.00)
198524	7/1/2024	10/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$1,619.00)

**Commercial Umbrella** Policy Number: **ZUP-71N40401** Effective: **7/1/2024** to **7/1/2025**

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
198577	7/1/2024	10/1/2024	RENB	2 of 4 Umbrella Installments	\$2,346.00
198577	7/1/2024	10/1/2024	BTSB	Billed To: East Laurel Water District	(\$563.00)
198577	7/1/2024	10/1/2024	BTSB	Billed To: West Laurel Water Association Inc	(\$502.00)

**Account Name: Wood Creek Water District**

**Pay Now**

Total Invoice Balance:

\$30,040.00

Account Name: Wood Creek Water District

Pay Now



625 S Main St  
London, KY 40741

Phone: (606) 864-5171  
Fax: (606) 878-1850

Invoice # 795179	Page 1 of 1
Account Number WOODCRE-05	Date 11/20/2023
Balance Due On 12/15/2023	Transacted By PSETTLES
Amount Paid	Amount Due \$27,825.00

Wood Creek Water District  
P.O. Box 726  
London, KY 40743-0726

**Remit Payment To:**

Patton Chesnut Binder Insurance  
625 S Main St  
London, KY 40741

<b>Commercial Package</b>	<b>Policy Number: H-630-2S961425-TIL-23</b>	<b>Effective: 7/1/2023 to 7/1/2024</b>
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
16303940	7/1/2023	12/15/2023	RENB	3rd Quarter Property	\$8,275.00

<b>Business Auto</b>	<b>Policy Number: H-810-2S961425-TCT-23</b>	<b>Effective: 7/1/2023 to 7/1/2024</b>
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
16303985	7/1/2023	12/15/2023	RENB	3rd Quarter Auto	\$13,520.00
16303987	7/1/2023	12/15/2023	SLTX	Short Billed Tax	\$1.00

<b>Commercial Package</b>	<b>Policy Number: ZLP-41N40155-23-PB</b>	<b>Effective: 7/1/2023 to 7/1/2024</b>
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
16303725	7/1/2023	12/15/2023	RENB	3rd Quarter GL	\$4,669.00

<b>Commercial Umbrella</b>	<b>Policy Number: ZUP-71N40401-23-PB</b>	<b>Effective: 7/1/2023 to 7/1/2024</b>
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
16303897	7/1/2023	12/15/2023	RENB	3rd Quarter Umbrella	\$1,360.00

**Total Invoice Balance: \$27,825.00**