

CERTIFICATE OF INSURANCE

DATE
2/10/2025

PRODUCER
KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE: (859)-977-3700

INSURED
Southern Water and Sewer District
245 KY Route 680
McDowell, KY 41647

ATTN: Lucy Howell

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.


COMPANIES AFFORDING COVERAGE	
COMPANY A	KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
COMPANY B	

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> PUBLIC OFFICIALS <input type="checkbox"/> LAW ENFORCEMENT	L5637-2024-24799	7/1/2024	7/1/2025	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 5,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	L5637-2024-24799	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT	\$ 3,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	CRIME LIABILITY FORGERY OR ALTERATION <input type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY <input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE				LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE/POLICY LIMIT	
					DISEASE-EACH EMPLOYEE	
A	PHYSICAL DAMAGE	L5637-2024-24799	7/1/2024	7/1/2025		
A	PUBLIC OFFICIALS	L5637-2024-24799	7/1/2024	7/1/2025	LIMIT	\$ 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER	CANCELLATION
Public Service Commission P.O. Box 615 Frankfort, KY 40602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 2/10/2025

THIS IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700	COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
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CODE:	SUB CODE:
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AGENCY CUSTOMER ID#: INSURED: Southern Water and Sewer District 245 KY Route 680 McDowell, KY 41647	LOAN NUMBER: EFFECTIVE DATE: 7/1/2024	POLICY NUMBER: P5637-2024-24800 EXPIRATION DATE: 7/1/2025
CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION
LOCATION/DESCRIPTION
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF THE Southern Water and Sewer District LISTED WITH THE COMPANY

COVERAGES/PERILS/FORMS	LIMITS	
	AMOUNT OF INSURANCE	DEDUCTIBLE*
SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLUSIONS, DIRECT LOSS REPLACEMENT COST AND TIME ELEMENT ON PROPERTY DECLARED TO THE COMPANY AS HAVING TOTAL VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OCCURRENCE *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EACH DAMAGED LOCATION PER OCCURRENCE	\$18,045,949	\$5,000

REMARKS (Including Special Conditions)
All Scheduled Buildings & Contents = \$17,699,310 with \$5,000 deductible
All Scheduled Equipment = \$346,639 with \$500 deductible

CANCELLATION
THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST NAME AND ADDRESS Public Service Commission P.O. Box 615 Frankfort, KY 40602	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
	AUTHORIZED REPRESENTATIVE <i>Suzanne Reed</i>			

CERTIFICATE OF INSURANCE

DATE 2/7/2025

PRODUCER Public Entity Insurance Inc 505 Wellington Way Ste 275 Lexington KY 40503 859-296-4580		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
POLICYHOLDER Southern Water & Sewer District Attention: Paula Burke 245 Ky Rt 680 Mc Dowell, KY 41647		INSURER AFFORDING COVERAGE Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822			
COVERAGE					
THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE POLICYHOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	394025	9/1/2024	9/1/2025	WC STATUTORY LIMITS	
				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE-POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000
CERTIFICATE HOLDER		CANCELLATION			
Public Service Commission P.O. Box 615 Frankfort, KY 40602 606-886-2318		SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.			

CERTIFICATE OF INSURANCE

DATE 2/7/2025

PRODUCER Public Entity Insurance Inc 505 Wellington Way Ste 275 Lexington KY 40503 859-296-4580		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
POLICYHOLDER Southern Water & Sewer District Attention: Paula Burke 245 Ky Rt 680 Mc Dowell, KY 41647		INSURER AFFORDING COVERAGE Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822			
COVERAGE					
THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE POLICYHOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	394025	9/1/2024	9/1/2025	WC STATUTORY LIMITS	
				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE-POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000
CERTIFICATE HOLDER			CANCELLATION		
Public Service Commission Po Box 615 Frankfort, KY 40602-0615 606-377-9296			SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.		

CERTIFICATE OF INSURANCE

DATE 2/13/2025

<p>PRODUCER Public Entity Insurance Inc 505 Wellington Way Ste 275 Lexington KY 40503 859-296-4580</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>
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<p>POLICYHOLDER Southern Water & Sewer District Attention: Lucy Howell 245 Ky Rt 680 Mc Dowell, KY 41647</p>	<p>INSURER AFFORDING COVERAGE Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822</p>
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COVERAGE

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TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	394025	9/1/2023	9/1/2024	WC STATUTORY LIMITS	
				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE-POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000

CERTIFICATE HOLDER	CANCELLATION
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<p>Public Service Commission P.O. Box 615 Frankfort, KY 40602 606-886-2318</p>	<p>SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.</p>
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DATE
2/13/2025

PRODUCER
KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE: (859)-977-3700

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INSURED
Southern Water and Sewer District
245 KY Route 680
McDowell, KY 41647

ATTN: Lucy Howell

COMPANIES AFFORDING COVERAGE

COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE
A SERVICES

COMPANY
B

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> PUBLIC OFFICIALS <input type="checkbox"/> LAW ENFORCEMENT	L5637-2022-21995	7/1/2022	7/1/2023	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 5,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	L5637-2022-21995	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT	\$ 3,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	CRIME LIABILITY <input type="checkbox"/> FORGERY OR ALTERATION <input type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY <input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE				LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE/POLICY LIMIT	
					DISEASE-EACH EMPLOYEE	
A	PHYSICAL DAMAGE	L5637-2022-21995	7/1/2022	7/1/2023		
A	PUBLIC OFFICIALS	L5637-2022-21995	7/1/2022	7/1/2023	LIMIT	\$ 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Public Service Commission
P.O. Box 615
Frankfort, KY 40602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Suzanne Reed

EVIDENCE OF INSURANCE

DATE (MM/DD/YYYY): 2/13/2025

THIS IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700	COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
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CODE:	SUB CODE:
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AGENCY CUSTOMER ID#: INSURED: Southern Water and Sewer District 245 KY Route 680 McDowell, KY 41647	LOAN NUMBER: EFFECTIVE DATE: 7/1/2022	POLICY NUMBER: P5637-2022-21996 EXPIRATION DATE: 7/1/2023
CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED <input type="checkbox"/> THIS REPLACES PRIOR EVIDENCE DATED:		

LOCATION/DESCRIPTION
 BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF THE Southern Water and Sewer District LISTED WITH THE COMPANY

COVERAGES/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE*
SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLUSIONS, DIRECT LOSS REPLACEMENT COST AND TIME ELEMENT ON PROPERTY DECLARED TO THE COMPANY AS HAVING TOTAL VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OCCURRENCE *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EACH DAMAGED LOCATION PER OCCURRENCE	\$16,989,996	\$1,000

All Scheduled Buildings & Contents = \$16,795,925 with \$1,000 deductible
 All Scheduled Equipment = \$194,071 with \$500 deductible

THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

NAME AND ADDRESS Public Service Commission P.O. Box 615 Frankfort, KY 40602		MORTGAGEE	
		LOSS PAYEE	
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		

CERTIFICATE OF INSURANCE

DATE
2/13/2025

PRODUCER

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE:(859)-977-3700

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COMPANIES AFFORDING COVERAGE

INSURED

Southern Water and Sewer District
245 KY Route 680
McDowell, KY 41647

COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE
A SERVICES

COMPANY
B

ATTN:Lucy Howell

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> PUBLIC OFFICIALS <input type="checkbox"/> LAW ENFORCEMENT	L5637-2023-23694	7/1/2023	7/1/2024	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 5,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					A AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	
CRIME LIABILITY <input type="checkbox"/> FORGERY OR ALTERATION <input type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY <input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE						
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED						
A	PHYSICAL DAMAGE	L5637-2023-23694	7/1/2023	7/1/2024		
A	PUBLIC OFFICIALS	L5637-2023-23694	7/1/2023	7/1/2024	LIMIT	\$ 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<p>Public Service Commission P.O. Box 615 Frankfort, KY 40602</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Suzanne Reed</i></p>
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EVIDENCE OF POLICY

DATE (MM/DD/YYYY): 2/13/2025

THIS IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700	COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
CODE:	SUB CODE:

AGENCY CUSTOMER ID#: INSURED: Southern Water and Sewer District 245 KY Route 680 McDowell, KY 41647	LOAN NUMBER: EFFECTIVE DATE: 7/1/2023	POLICY NUMBER: P5637-2023-23747 EXPIRATION DATE: 7/1/2024
CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED <input type="checkbox"/> THIS REPLACES PRIOR EVIDENCE DATED:		

LOCATION/DESCRIPTION
 BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF THE Southern Water and Sewer District LISTED WITH THE COMPANY

COVERAGES/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE*
SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLUSIONS, DIRECT LOSS REPLACEMENT COST AND TIME ELEMENT ON PROPERTY DECLARED TO THE COMPANY AS HAVING TOTAL VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OCCURRENCE *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EACH DAMAGED LOCATION PER OCCURRENCE	\$17,138,294	\$1,000

All Scheduled Buildings & Contents = \$16,795,925 with \$1,000 deductible
 All Scheduled Equipment = \$342,369 with \$500 deductible

THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

NAME AND ADDRESS Public Service Commission P.O. Box 615 Frankfort, KY 40602		MORTGAGEE		ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			

CERTIFICATE OF INSURANCE

DATE 2/13/2025

<p>PRODUCER Houchens Insurance Group Inc Po Box 1779 Bowling Green KY 42102-1779 270-781-2020</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>
<p>POLICYHOLDER Southern Water & Sewer District Attention: Lucy Howell 245 Ky Rt 680 Mc Dowell, KY 41647</p>	<p>INSURER AFFORDING COVERAGE Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822</p>

COVERAGE

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE POLICYHOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p>	<p>394025</p>	<p>9/1/2022</p>	<p>9/1/2023</p>	<p>WC STATUTORY LIMITS</p>	
				<p>EL EACH ACCIDENT</p>	<p>\$2,000,000</p>
				<p>EL DISEASE-POLICY LIMIT</p>	<p>\$2,000,000</p>
				<p>EL DISEASE-EA EMPLOYEE</p>	<p>\$2,000,000</p>

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p>
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<p>Public Service Commission P.O. Box 615 Frankfort, KY 40602 606-886-2318</p>	<p>SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.</p>
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