CERTIFICATE OF INSURANCE				DATE 2/10/2025			
KEN 100 E	DUCER TUCKY LEAGUE OF CITIES INSURANCE SERVICES E. VINE STREET, SUITE 800 NGTON, KY 40507-3700	IN TH AM	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				
PHO	NE:(859)-977-3700	BA	THE POLICIES B	NIES AFFORDING COVERAG	-		
NSU	RED				UCKY LEAGUE OF CITIES INSI		
245 I McD ATTI	hern Water and Sewer District KY Route 680 owell, KY 41647 N:Lucy Howell		A SERVI DMPANY B				
THIS	IS TO CERTIFY THAT THE POLICIES OF INSURANCE INCOME. CATED NOTWITHSTANDING ANY REQUIREMENT, TERM CIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURING AND CONDITIONS OF SUCH POLICIES. LIMI	M, OR CONDITION OF A	NY CONTRACT	T OR OTHER DOCK	UMENT WITH RESPECT TO WHI REIN IS SUBJECT TO ALL THE 1	CH THIS	
CO LTR	TYPE OF INSTIDANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT PUBLIC OFFICIALS LAW ENFORCEMENT	L5637-2024-24799	7/1/2024	7/1/2025	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire)	UNLIMITEI UNLIMITEI INCLUDEI \$ 5,000,00 \$ 100,00	
						E 5 00	
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	L5637-2024-24799	7/1/2024	7/1/2025	MED EXP (Any one person) COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE		
A	X ANY AUTOALL OWNED AUTOSSCHEDULED AUTOS	L5637-2024-24799	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 5,000 \$ 3,000,000	
A	X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS CRIME LIABILITY FORGERY OR ALTERATION THEFT, DISAPPEARANCE AND DESTRUCTION PUBLIC EMPLOYEE DISHONESTY MONEY ORDERS & COUNTERFEIT PAPER CURRENCY	L5637-2024-24799	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE LIMIT DEDUCTIBLE LIMIT INSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE LIMIT DEDUCTIBLE LIMIT DEDUCTIBLE LIMIT DEDUCTIBLE LIMIT DEDUCTIBLE LIMIT		
A	X_ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS CRIME LIABILITY FORGERY OR ALTERATION THEFT, DISAPPEARANCE AND DESTRUCTION PUBLIC EMPLOYEE DISHONESTY	L5637-2024-24799	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE LIMIT DEDUCTIBLE LIMIT INSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE LIMIT DEDUCTIBLE		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

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.

Frankfort, KY 40602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE 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 REPRESENTATIVE

SUZGILE SEE

AUTHORIZED REPRESENTATIVE

EVIDENCE					PRIDABEHAZERIYATIONIA	国际政场工程在1000	
					DATE (MM/D	DD/YYYY): 2/10)/2025
HIS IS EVIDENCE THAT PRIVILEGES AFFORDED			TIFIED BELOW HAS E	BEEN ISSUED, IS IN FORCE,	AND CONVEYS	ALL THE RIGHTS	AND
PRODUCER	PRODUCER			COMPANY			
KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700		KENTUCKY LEAGUE	E OF CITIES INSU	JRANCE SERVICE	:S		
CODE:		SUB CODE:					
AGENCY CUSTOMER ID#:				LOAN NUMBER:		POLICY NUMBER P5637-2024-2480	
INSURED: Southern	n Water and	Sewer District		EFFECTIVE DATE:	E	EXPIRATION DAT	E:
245 KY Route 680 McDowell, KY 4164	17			7/1/2024	7	7/1/2025	
Moretream	,			CONTINUED UNTIL TERMINATED IF CHE THIS REPLACES PR	CKED :	DATED:	
LOCATION/DESCRIF BUILDINGS, CONTE		ista si mesatu ya mbakasasa is					
등 하다 하나 하나 하는 하는 하는 하는 하는 것이 없었다.				3.3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		LIMITS	
BUILDINGS, CONTE	TION				AMOUNT	LIMITS OF INSURANCE	DEDUCTIBLE
BUILDINGS, CONTE	ION LS/FORMS CY SUBLIMIT	S, CONDITIONS		DIRECT LOSS REPLACEME	ENT	OF INSURANCE	
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL	LS/FORMS CY SUBLIMIT LEMENT ON I	S, CONDITIONS PROPERTY DEC	CLARED TO THE COI	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL	ENT		DEDUCTIBLE \$5,000
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDI OCCURRENCE REMARKS (Including	CY SUBLIMIT LEMENT ON LE (ZONES B, UCTIBLE = \$2	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF	CLARED TO THE COI \$25,000 PER OCCURR TIV'S FOR EACH DAM	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER	ENT	OF INSURANCE	
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDI OCCURRENCE REMARKS (Including	CY SUBLIMIT LEMENT ON LE (ZONES B, UCTIBLE = \$2 I Special Co dings & Cont	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699,	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER	ENT	OF INSURANCE	
SUBJECT TO POLICE COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDICE OCCURRENCE REMARKS (Including All Scheduled Build	CY SUBLIMIT LEMENT ON LE (ZONES B, UCTIBLE = \$2 I Special Co dings & Cont	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699,	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER	ENT	OF INSURANCE	
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDI OCCURRENCE REMARKS (Including All Scheduled Build All Scheduled Equi CANCELLATION THIS POLICY IS SUI TERMINATED. THE	LS/FORMS CY SUBLIMIT LEMENT ON E (ZONES B, UCTIBLE = \$2 Special Co dings & Cont ipment = \$34	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699, 6,639 with \$500	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded 0 deductible FORMS, AND RULES	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER	S1	OF INSURANCE	\$5,000
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDI OCCURRENCE REMARKS (Including All Scheduled Build All Scheduled Equi TERMINATED, THE NOTIFICATION OF	CY SUBLIMIT LEMENT ON LE (ZONES B, UCTIBLE = \$2 I Special Co dings & Cont ipment = \$34 IBJECT TO TI COMPANY V ANY CHANG LAW.	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699, 6,639 with \$500	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded 0 deductible FORMS, AND RULES	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER Buctible SIN EFFECT FOR EACH POL ST IDENTIFIED BELOW 10	S1	OF INSURANCE	\$5,000
SOVERAGE INFORMAT COVERAGES/PERIL SUBJECT TO POLIC COST AND TIME EL VALUES OF: *FLOOD DEDUCTIBL *EARTHQUAKE DEDI OCCURRENCE REMARKS (Including All Scheduled Build All Scheduled Equi CANCELLATION THIS POLICY IS SU TERMINATED, THE NOTIFICATION OF AS REQUIRED BY	CY SUBLIMIT LEMENT ON I LE (ZONES B, UCTIBLE = \$2 I Special Co dings & Cont ipment = \$34 IBJECT TO TI COMPANY V ANY CHANG LAW.	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699, 6,639 with \$500	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded 0 deductible FORMS, AND RULES	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER BUCTIBLE BUCT THAT INTEREST, IN MORTGAGE	S1 LICY PERIOD. SH DAYS WRITTE ACCORDANCE	18,045,949 HOULD THE POLICEN NOTICE, AND WITH THE POLICY	\$5,000
SUBJECT TO POLICE COST AND TIME ELEVALUES OF: *FLOOD DEDUCTIBLE* *EARTHQUAKE DEDUCCURRENCE* REMARKS (Including) All Scheduled Build All Scheduled Equivalence E	LS/FORMS CY SUBLIMIT LEMENT ON E (ZONES B, UCTIBLE = \$2 Special Co dings & Cont ipment = \$34 BJECT TO TI COMPANY V ANY CHANG LAW.	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699, 6,639 with \$500	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded 0 deductible FORMS, AND RULES	DIRECT LOSS REPLACEMEMPANY AS HAVING TOTAL RENCEMAGED LOCATION PER BUCTIBLE BUCTIBL	S1 LICY PERIOD. SH DAYS WRITTE ACCORDANCE	18,045,949 HOULD THE POLICEN NOTICE, AND WITH THE POLICY	\$5,000 SYBE WILL SEND Y PROVISIONS
SUBJECT TO POLICE COST AND TIME ELEVALUES OF: *FLOOD DEDUCTIBLE*EARTHQUAKE DEDUCCURRENCE REMARKS (Including) All Scheduled Build All Scheduled Equivalence Equi	LS/FORMS CY SUBLIMIT LEMENT ON E (ZONES B, UCTIBLE = \$2 Special Co dings & Cont ipment = \$34 IBJECT TO TI COMPANY ON ANY CHANG LAW. ST ESS nmission	S, CONDITIONS PROPERTY DEC C, & X ONLY) = \$ 5,000 OR 2% OF Inditions) ents = \$17,699, 6,639 with \$500	\$25,000 PER OCCURR TIV'S FOR EACH DAM ,310 with \$5,000 ded 0 deductible FORMS, AND RULES	DIRECT LOSS REPLACEME MPANY AS HAVING TOTAL RENCE MAGED LOCATION PER BUCTIBLE BUCT THAT INTEREST, IN MORTGAGE	S1 LICY PERIOD. SH DAYS WRITTE ACCORDANCE	18,045,949 HOULD THE POLICEN NOTICE, AND WITH THE POLICY	\$5,000 SYBE WILL SEND Y PROVISIONS

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIM	MITS
WORKERS COMPENSATION	394025	9/1/2024	9/1/2025	WC STATU	TORY LIMITS
AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE- POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000
CERTIFICATE HOL	DER		CANCELLATION		
Public Service Comr P.O. Box 615 Frankfort, KY 40602 606-886-2318			BEFORE THE EXPII WRITTEN NOTICE T CERTIFICATE SHAI	VE DESCRIBED POLIC RATION DATE KEMI W TO THE CERTIFICATE LL NOT IMPOSE ANY C KIND UPON KEMI OR I S.	ILL NOT PROVIDE HOLDER. THIS OBLIGATION OR

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.

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Southern Water & Sewer District Attention: Paula Burke 245 Ky Rt 680 Mc Dowell, KY 41647

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Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822

COVERAGE

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIN	MITS
WORKERS COMPENSATION	394025	9/1/2024	9/1/2025	WC STATU	TORY LIMITS
AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE- POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000
CERTIFICATE HOLE	DER		CANCELLATION		
Public Service Comm Po Box 615 Frankfort, KY 40602- 606-377-9296	070,700,000		BEFORE THE EXPIR WRITTEN NOTICE TO CERTIFICATE SHALL	/E DESCRIBED POLIC PATION DATE KEMI WI O THE CERTIFICATE H L NOT IMPOSE ANY O KIND UPON KEMI OR IT	LL NOT PROVIDE HOLDER. THIS BLIGATION OR

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: Lucy Howell 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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIM	MITS
WORKERS COMPENSATION	394025	9/1/2023	9/1/2024	WC STATU	TORY LIMITS
AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$2,000,000
				EL DISEASE- POLICY LIMIT	\$2,000,000
				EL DISEASE-EA EMPLOYEE	\$2,000,000
CERTIFICATE HOLE	DER		CANCELLATION		
Public Service Comm P.O. Box 615 Frankfort, KY 40602 606-886-2318	ission		BEFORE THE EXPIR WRITTEN NOTICE TO CERTIFICATE SHAL	/E DESCRIBED POLIC LATION DATE KEMI WI O THE CERTIFICATE H L NOT IMPOSE ANY O KIND UPON KEMI OR IT	LL NOT PROVIDE IOLDER. THIS BLIGATION OR

CERTIFICATE OF INSURANCE	DATE 2/13/2025
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF
KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES	INFORMATION ONLY AND CONVEYS NO RIGHTS UPON
100 E. VINE STREET, SUITE 800 LEXINGTON, KY 40507-3700	THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT
PHONE:(859)-977-3700	AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
11012(000) 017 0700	COMPANIES AFFORDING COVERAGE
INSURED	COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE
Southern Water and Sewer District	A SERVICES
245 KY Route 680 McDowell, KY 41647	COMPANY
ATTN:Lucy Howell	В

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	
Α	GENERAL LIABILITY				GENERAL AGGREGATE	UNLIMITED
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	UNLIMITED
	CLAIMS MADE _X_OCCUR OWNER'S & CONTRACTOR'S PROT	L5637-2022-21995	7/1/2022	7/1/2023	PERSONAL & ADV INJURY	INCLUDED
	PUBLIC OFFICIALS	L3037-2022-21995	11112022	//1/2023	EACH OCCURRENCE	\$ 5,000,000
	LAW ENFORCEMENT				FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 3,000,000
	X ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOSSCHEDULED AUTOSHIRED AUTOS	L5637-2022-21995	7/1/2022	7/1/2023	BODILY INJURY (Per accident)	
	NON-OWNED AUTOS				PROPERTY DAMAGE	
	CRIME LIABILITYFORGERY OR ALTERATION				LIMIT DEDUCTIBLE	
	THEFT, DISAPPEARANCE AND DESTRUCTION		•		LIMIT INSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE	
	PUBLIC EMPLOYEE DISHONESTY		•		LIMIT DEDUCTIBLE	***************************************
	MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE				LIMIT DEDUCTIBLE	***************************************
	WORKERS' COMPENSATION AND				STATUTORY LIMITS	
	EMPLOYERS' LIABILITY				EACH ACCIDENT	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCLUDED		0		DISEASE/POLICY LIMIT	
V.	PARTNERS/EXECUTIVE INCLUDED OFFICERS ARE: INCLUDED				DISEASE-EACH EMPLOYEE	
Α	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
	DIDTION OF OPEDATIONS/I OCATIONS/IELIICI ES/SD					

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

Sugare Bad

	DATE	(MM/DD/YYYY): 2/1	3/2025
S IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW VILEGES AFFORDED UNDER THE POLICY	W HAS BEEN ISSUED, IS IN FORCE, AND CO	ONVEYS ALL THE RIGHTS	SAND
PRODUCER	COMPANY		
KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700	KENTUCKY LEAGUE OF CI	TIES INSURANCE SERVIC	ES
CODE: SUB CODE:			
AGENCY CUSTOMER ID#:	LOAN NUMBER:	POLICY NUMBER P5637-2022-2199	-
INSURED: Southern Water and Sewer District	EFFECTIVE DATE:	EXPIRATION DAT	E:
245 KY Route 680 McDowell, KY 41647	7/1/2022	7/1/2023	
	CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVI	DENCE DATED:	
LOCATION/DESCRIPTION BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF	THE Southern Water and Sewer District LIST	TED WITH THE COMPANY	,
		TED WITH THE COMPANY	
	JSIONS, DIRECT LOSS REPLACEMENT	AMOUNT OF INSURANCE	DEDUCTIBL
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL		
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER O *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EA	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DOCCURRENCE CCH DAMAGED LOCATION PER	AMOUNT OF INSURANCE	DEDUCTIBL
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OF *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EAR OCCURRENCE All Scheduled Buildings & Contents = \$16,795,925 with \$1,000	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DISCOURRENCE THE DAMAGED LOCATION PER DO RULES IN EFFECT FOR EACH POLICY PER NTEREST IDENTIFIED BELOW 10 DAYS	\$16,989,996 RIOD. SHOULD THE POLICE WRITTEN NOTICE. AND	DEDUCTIBL \$1,000
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T VALUES OF: "FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER O "EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EA OCCURRENCE All Scheduled Buildings & Contents = \$16,795,925 with \$1,0 All Scheduled Equipment = \$194,071 with \$500 deductible THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL IN NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WI	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DISCOURRENCE THE DAMAGED LOCATION PER DO RULES IN EFFECT FOR EACH POLICY PER NTEREST IDENTIFIED BELOW 10 DAYS	\$16,989,996 \$10D. SHOULD THE POLICE WRITTEN NOTICE, AND DANCE WITH THE POLICE	DEDUCTIBL \$1,000
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER O *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EA OCCURRENCE All Scheduled Buildings & Contents = \$16,795,925 with \$1,0 All Scheduled Equipment = \$194,071 with \$500 deductible THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL IN NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WO AS REQUIRED BY LAW.	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DOCCURRENCE CH DAMAGED LOCATION PER DOUBLES IN EFFECT FOR EACH POLICY PER NTEREST IDENTIFIED BELOW 10 DAYS OULD AFFECT THAT INTEREST, IN ACCOR	\$16,989,996 \$10D. SHOULD THE POLICE WRITTEN NOTICE, AND DANCE WITH THE POLICE	SYBE WILL SEND Y PROVISIONS
BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF COVERAGES/PERILS/FORMS SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLU COST AND TIME ELEMENT ON PROPERTY DECLARED TO T VALUES OF: *FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER O *EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EA OCCURRENCE All Scheduled Buildings & Contents = \$16,795,925 with \$1,0 All Scheduled Equipment = \$194,071 with \$500 deductible THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL IN NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WO AS REQUIRED BY LAW. NAME AND ADDRESS Public Service Commission	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DISCOURRENCE ICH DAMAGED LOCATION PER DISCOURTED BELOW 10 DAYS OULD AFFECT THAT INTEREST, IN ACCOR	\$16,989,996 RIOD. SHOULD THE POLICE WRITTEN NOTICE, AND TO DANCE WITH THE POLICY	SYBE WILL SEND Y PROVISIONS

CERTIFICATE OF INSURANCE	DATE 2/13/2025		
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF		
KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES	INFORMATION ONLY AND CONVEYS NO RIGHTS UPON		
100 E. VINE STREET, SUITE 800 LEXINGTON, KY 40507-3700	THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT		
EEXING 1014, KT 40307-5700	AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED		
PHONE:(859)-977-3700	BY THE POLICIES BELOW.		
	COMPANIES AFFORDING COVERAGE		
INSURED	COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE		
Southern Water and Sewer District	A SERVICES		
245 KY Route 680 McDowell, KY 41647	COMPANY		
Woodwell, KT 41047	B		
ATTN:Lucy Howell	P		

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	
Α	GENERAL LIABILITY				GENERAL AGGREGATE	UNLIMITED
	X_COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	UNLIMITED
	CLAIMS MADE _X_OCCUR OWNER'S & CONTRACTOR'S PROT	L5637-2023-23694	7/1/2023	7/1/2024	PERSONAL & ADV INJURY	INCLUDED
	PUBLIC OFFICIALS	L3037-2023-23094	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 5,000,000
	LAW ENFORCEMENT		9		FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
Α	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 3,000,000
	X ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOSSCHEDULED AUTOS HIRED AUTOS	L5637-2023-23694	7/1/2023	7/1/2024	BODILY INJURY (Per accident)	
	NON-OWNED AUTOS				PROPERTY DAMAGE	
	CRIME LIABILITYFORGERY OR ALTERATION				LIMIT DEDUCTIBLE	
	THEFT, DISAPPEARANCE AND DESTRUCTION				LIMIT INSIDE PREMISES DEDUCTIBLE LIMIT OUTSIDE PREMISES DEDUCTIBLE	
	PUBLIC EMPLOYEE DISHONESTY			•	LIMIT DEDUCTIBLE	
	MONEY ORDERS & COUNTERFEIT PAPER CURRENCY	***************************************	•	•	LIMIT	
	COVERAGE				DEDUCTIBLE	
	WORKERS' COMPENSATION AND	1			STATUTORY LIMITS	
	EMPLOYERS' LIABILITY				EACH ACCIDENT	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCLUDED	I	4		DISEASE/POLICY LIMIT	
	PARTNERS/EXECUTIVE INCLUDED OFFICERS ARE: EXCLUDED				DISEASE-EACH EMPLOYEE	
Α	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
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SD					

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

Sugare Bad

WEELER					
			DA	TE (MM/DD/YYYY): 2	/13/2025
HIS IS EVIDENCE THAT T RIVILEGES AFFORDED U			W HAS BEEN ISSUED, IS IN FORCE, AND	D CONVEYS ALL THE RIGH	TS AND
PRODUCER	PRODUCER		COMPANY		
KENTUCKY LEAGUE OF CITIES 100 E. VINE ST SUITE 800 LEXINGTON, KY 40507-3700 (859) 977-3700		KENTUCKY LEAGUE OF	CITIES INSURANCE SERV	ICES	
CODE:	SUE	B CODE:			
AGENCY CUSTOMER ID#:			LOAN NUMBER:	POLICY NUMB P5637-2023-23	
INSURED: Southern	Water and Sewer I	District	EFFECTIVE DATE:	EXPIRATION D	ATE:
245 KY Route 680 McDowell, KY 41647			7/1/2023	7/1/2024	
			CONTINUED UNTIL TERMINATED IF CHECKE THIS REPLACES PRIOR	ED EVIDENCE DATED:	
LOCATION/DESCRIPT BUILDINGS, CONTEN		ULED PROPERTY OF	THE Southern Water and Sewer District I	LISTED WITH THE COMPA	NY
	NTS, AND SCHEDU	ULED PROPERTY OF	THE Southern Water and Sewer District I	AMOUNT OF INSURANCE	
BUILDINGS, CONTEN	NTS, AND SCHEDU	IDITIONS, AND EXCLU	THE Southern Water and Sewer District I	AMOUNT OF INSURANCE	E DEDUCTIBLE*
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE	SFORMS SUBLIMITS, CONIMENT ON PROPEI	IDITIONS, AND EXCLUSIVE DECLARED TO	ISIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL		
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE *EARTHQUAKE DEDUCOCCURRENCE	S/FORMS SUBLIMITS, CONI MENT ON PROPEI (ZONES B, C, & X C CTIBLE = \$25,000 OF	IDITIONS, AND EXCLUSIVE TY DECLARED TO TO TO THE SECOND PER OF TIV'S FOR EACH \$16,795,925 with \$1,0	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DOCCURRENCE CH DAMAGED LOCATION PER	AMOUNT OF INSURANCE	E DEDUCTIBLE*
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE *EARTHQUAKE DEDUC OCCURRENCE All Scheduled Buildin All Scheduled Equipr THIS POLICY IS SUB. TERMINATED. THE C	S/FORMS S/SUBLIMITS, CONIC MENT ON PROPEI (ZONES B, C, & X CONTIBLE = \$25,000 OF PROPEI ags & Contents = \$ ment = \$342,369 w JECT TO THE PREI OMPANY WILL GN VY CHANGES TO THE PREI OMPANY WILL GN	IDITIONS, AND EXCLUSERTY DECLARED TO	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DOCCURRENCE CH DAMAGED LOCATION PER	\$17,138,294 PERIOD. SHOULD THE POLAYS WRITTEN NOTICE. AN	S1,000
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE *EARTHQUAKE DEDUC OCCURRENCE All Scheduled Buildin All Scheduled Equipr THIS POLICY IS SUB. TERMINATED, THE C NOTIFICATION OF AN	SFORMS SUBLIMITS, CONI MENT ON PROPEI (ZONES B, C, & X C CTIBLE = \$25,000 OF Page & Contents = \$ ment = \$342,369 w JECT TO THE PREI OMPANY WILL GM NY CHANGES TO TAW.	IDITIONS, AND EXCLUSERTY DECLARED TO	ISIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL OCCURRENCE CH DAMAGED LOCATION PER O00 deductible	\$17,138,294 \$17,138,294 PERIOD. SHOULD THE POLYS WRITTEN NOTICE, AN CORDANCE WITH THE POLY	S1,000
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE *EARTHQUAKE DEDUC OCCURRENCE All Scheduled Buildin All Scheduled Equipr THIS POLICY IS SUB. TERMINATED, THE C NOTIFICATION OF AY AS REQUIRED BY LA NAME AND ADDRES Public Service Comm P.O. Box 615	SFORMS SUBLIMITS, CONIMENT ON PROPEI (ZONES B, C, & X CONTIBLE = \$25,000 OF THE STATE OF THE PREION OF THE PREI	IDITIONS, AND EXCLUSERTY DECLARED TO	USIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL DOCCURRENCE CH DAMAGED LOCATION PER DOUBLES IN EFFECT FOR EACH POLICY INTEREST IDENTIFIED BELOW 10 DO OULD AFFECT THAT INTEREST, IN ACCORD	\$17,138,294 \$17,138,294 PERIOD. SHOULD THE POLYS WRITTEN NOTICE, AN CORDANCE WITH THE POLY	\$1,000 \$1,000 LICY BE D WILL SEND CY PROVISIONS C
COVERAGES/PERILS SUBJECT TO POLICY COST AND TIME ELE VALUES OF: *FLOOD DEDUCTIBLE *EARTHQUAKE DEDUC OCCURRENCE All Scheduled Buildin All Scheduled Equipr THIS POLICY IS SUB. TERMINATED, THE C NOTIFICATION OF AY AS REQUIRED BY LA	SFORMS SUBLIMITS, CONIMENT ON PROPEI (ZONES B, C, & X CONTIBLE = \$25,000 OF THE STATE OF THE PREION OF THE PREI	IDITIONS, AND EXCLUSERTY DECLARED TO	ISIONS, DIRECT LOSS REPLACEMENT THE COMPANY AS HAVING TOTAL OCCURRENCE CH DAMAGED LOCATION PER ON deductible ORULES IN EFFECT FOR EACH POLICY NTEREST IDENTIFIED BELOW 10 DA OULD AFFECT THAT INTEREST, IN ACCORD	S17,138,294 \$17,138,294 PERIOD. SHOULD THE POLAYS WRITTEN NOTICE, ANDORDANCE WITH THE POLAYS ADDITIONAL ADDI	\$1,000 \$1,000 LICY BE D WILL SEND CY PROVISIONS C

PRODUCER Houchens Insurance Group Inc Po Box 1779 Bowling Green KY 42102-1779 270-781-2020	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: Lucy Howell 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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
WORKERS COMPENSATION	394025	9/1/2022	9/1/2023	WC STATUTORY LIMITS	
AND EMPLOYERS' LIABILITY				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.		