

E.I.N. 611123333

Telephone: (800) 876-4552

(859) 977-3700

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

Liability	Invoice
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Invoice date	2/3/2025
Invoice Number	L5637-2024-24799-08
Previous Balance	\$ 4,555.82
Payments	\$ 0.00
New Billings	\$ 4,555.82
Current Balance	\$ 9,111.64

Make check payable and mail to: Kentucky League of Cities Insurance Services P.O. Box 34108 Lexington, KY 40588

InvoicePolicy Number: L5637-2024-24799 Policy Effective: 7/1/2024

Policy Type: Liability

Date	Item	Amount
2/1/2025	Previous Balance	\$ 4,555.82
2/1/2025	Policy # L5637-2024-24799 Billing 9 of 11	4,555.82
	yment is received when due, coverage provided by this y be cancelled for non-payment in accordance with the insurance contract.	
	Total Due	\$ 9,111.64
	ACH Preauthorized Amount (Do Not Pay)	\$ 4,555.82
		\$ 4,555.82

Public Entity Insurance, Inc. 505 Wellington Way, Suite 275 Lexington, KY 40503

Original Invoice



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Public Entity Insurance, Inc. 505 Wellington Way, Suite 275 Lexington, KY 40503

Original Invoice



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

INVOICE



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

	Invoice Date
	January 2, 2025
	Invoice Number
	3017714
	Policy Number
	394025
Current Balance	bue Date
\$1,944.55 01/27/202	

AGENT: PUBLIC ENTITY INSURANCE INC (859)296-4580

Current Transactions

Explanation		Policy Period From To	Amount
Premium Installment	#5	09/01/2024 - 09/01/2025	\$1,825.36
Special Fund Assessment Installment	#5	09/01/2024 - 09/01/2025	\$119.19
		Current Charges	\$1,944.55

Previous Balance		Payment Received	ابرا	Current Charges		Current Balance
\$1,946.86	1-	\$1,946.86	+	\$1,944.55	1 = [\$1,944.55

SOUTHERN WATER & SEWER DISTRICT INSURANCE ESCROW ACCOUNT (#17813)

MCDOWELL, KY 41647

56-250/442

1276

PAY TO THE

DOLLARS

800.374.6123

IN 3017714

"OO1276" CO44202505C00008005601649"

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 394025

Invoice Number 3017714

Kentucky Employers' Mutual Insurance Dept #100 P.O. Box 32160 Louisville, KY 40232-2160

To make a payment instantly, visit

www.kemi.com/quikpay

If mailing payment, please:

- 1. Include payment stub with check.
- 2. Make checks payable to KEMI.
- 3. Include your policy number on check.
- 4. E-mail change of address to answers@kemi.com.
- 5. Write questions or comments on separate enclosure.
- 6. Do not staple payment to stub.

Due Date:

01/27/2025

Amount Due:

\$1,944.55

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kemi_invoice