

INVOICE



ALMO DEXTER WATER DISTRICT
351 Almo Rd
Almo, KY 42020

Invoice Date
August 2, 2024
Invoice Number
2979305
Policy Number
304425
Current Balance
Due Date
\$1,525.51
09/01/2024

AGENT: HUB INTERNATIONAL MIDWEST LTD DBA HUB INTERNATIONAL MID SOUTH (270)527-8621

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	09/06/2024	09/06/2025	\$1,432.00
Special Fund Assessment Installment	#1	09/06/2024	09/06/2025	\$93.51
Current Charges				\$1,525.51

PAID

CK. NO. 10417
DATE 8-12-24

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,525.51		\$1,525.51

Bodily Injury by Disease

\$100,000 each employee

INVOICE

00040



ALMO DEXTER WATER DISTRICT
351 Almo Rd
Almo, KY 42020

Invoice Date
October 16, 2023
Invoice Number
2899294
Policy Number
304425
Current Balance
\$1,412.67
Due Date
11/10/2023

AGENT: HUB INTERNATIONAL MIDWEST LTD DBA HUB INTERNATIONAL MID SOUTH (270)527-8621

Current Transactions

Explanation	Policy Period		Amount
	From	To	
Audit Special Fund Assessment Adjustment	09/06/2022	09/06/2023	\$91.67
Audit Premium Adjustment	09/06/2022	09/06/2023	\$1,321.00
Current Charges			\$1,412.67

PAID

CK. NO. 1011
DATE 10-23-23

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,412.67		\$1,412.67

Grand Total \$3,132.27

Additional Premium/Return Premium: \$1,412.67

NOTICE

Any premium adjustment will be invoiced on your next statement.



October 16, 2023

ALMO DEXTER WATER DISTRICT
351 Almo Rd
Almo, KY 42020

Final Audit Summary

Policy: 304425
 Policy Name: ALMO DEXTER WATER DISTRICT
 Agent: Hub International Midwest Ltd Db a Hub International Mid South
 Policy Period: 09/06/2022 – 09/06/2023 Audit Date: 10/16/2023
 Days in Force: 365 Audit Type: Online Audit

Code	Description	Payroll	Rate/ \$100	Premium
7520	Waterworks Operation & Drivers 1-ALMO DEXTER WATER DISTRICT	\$78,000.00	\$3.23	\$2,519.00
8810	Clerical Office Employees NOC 1-ALMO DEXTER WATER DISTRICT	\$58,000.00	\$0.21	\$122.00

Total Manual Premium	\$2,641.00
Expense Constant	\$260.00
Terrorism Charge	.01 \$14.00
Catastrophe Charge	.01 \$14.00
Total Premium	\$2,929.00
Kentucky Special Fund Assessment	6.94% \$203.27
Grand Total	\$3,132.27

Additional Premium/Return Premium: \$1,412.67

NOTICE

Any premium adjustment will be invoiced on your next statement.

Make checks payable to: Peel & Holland, Inc.

Effective Date	Policy Period	Coverage Description	Transaction Amount
02/13/24	08/13/23 to 08/13/24	Cincinnati Insurance Company Policy No. ETD044423 Installment - Commercial Package Installment 2 of 2 State Tax - Commercial Package	1,676.50 30.50
		Invoice Number: 207545 Amount Due:	1,707.00
<p>PAID CK. NO. <u>10203</u> DATE <u>1-25-24</u></p>			
*Premiums Due and Payable on Effective Date			

Make checks payable to: Peel & Holland, Inc.

Effective Date	Policy Period	Coverage Description	Transaction Amount
02/13/23	08/13/22 to 08/13/23	Cincinnati Insurance Company Policy No. ETD0444423 Installment - Commercial Package Installment 2 of 2	1,540.00
		State Tax - Commercial Package	28.00
		Invoice Number: 203991 Amount Due:	1,568.00

PAID
CK. NO. 9826
DATE 1-25-23

*Premiums Due and Payable on Effective Date

COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

COMPANY # COMPANY NAME AND ADDRESS
NAIC#10677 THE CINCINNATI INSURANCE COMPANY
 P.O. BOX 145496
 CINCINNATI, OH 45250-5496

NAMED ALMO-DEXTER WATER DISTRICT
INSURED 351 ALMO RD
& ADDRESS ALMO, KY 42020

POLICY # **ETA 044 44 23** TYPE OF POLICY PL CL

EFFECTIVE DATE: **08-13-2024** EXPIRATION DATE: **08-13-2025**

YEAR: **2009** MAKE/MODEL: **CHEVROLET SILVERADO**

VEHICLE ID # (VIN): **2GCEC13C491139624**

AGENCY/COMPANY

ISSUING CARD:

PEEL & HOLLAND HUB 16-378

AGCY/CO PHONE #: **270-527-8621**

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSTRUCTIONS TO POLICYHOLDER

Two proof of insurance cards are provided herewith. Present one copy to the County Clerk when renewing your motor vehicle registration. The other copy shall be carried in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated "Fleet", keep the other copy with your insurance records.

Important: Compare the Vehicle Identification Number (VIN) shown on the Proof of Insurance card and on the motor vehicle registration with the VIN on the motor vehicle. They should match. If the number shown on the Proof of Insurance card is incorrect, contact your insurance company representative at the phone number shown on the front of this card to have the number corrected. If the number shown on the registration is incorrect, contact the County Clerk to have the number corrected.

ACORD 50 KY (2006/01)

+ ACORD CORPORATION 1994-2006

COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

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NAIC#10677 THE CINCINNATI INSURANCE COMPANY
 P.O. BOX 145496
 CINCINNATI, OH 45250-5496

NAMED ALMO-DEXTER WATER DISTRICT
INSURED 351 ALMO RD
& ADDRESS ALMO, KY 42020

POLICY # **ETA 044 44 23** TYPE OF POLICY PL CL

EFFECTIVE DATE: **04-12-2024** EXPIRATION DATE: **08-13-2024**

YEAR: **2024** MAKE/MODEL: **FORD F250**

VEHICLE ID # (VIN): **1FT7X2BAORED17790**

AGENCY/COMPANY

ISSUING CARD:

PEEL & HOLLAND HUB 16-378

AGCY/CO PHONE #: **270-527-8621**

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COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

COMPANY # COMPANY NAME AND ADDRESS
NAIC#10677 THE CINCINNATI INSURANCE COMPANY
 P.O. BOX 145496
 CINCINNATI, OH 45250-5496

NAMED ALMO-DEXTER WATER DISTRICT
INSURED 351 ALMO RD
& ADDRESS ALMO, KY 42020

POLICY # **ETA 044 44 23** TYPE OF POLICY PL CL

EFFECTIVE DATE: 08-13-2024 EXPIRATION DATE: 08-13-2025

YEAR: 2024 MAKE/MODEL: FORD F250

VEHICLE ID # (VIN): 1FT7X2BA0RED17790

AGENCY/COMPANY

ISSUING CARD:

PEEL & HOLLAND HUB 16-378

AGCY/CO PHONE #: 270-527-8621

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