

# Invoice

**Kentucky Association of Counties All Lines Fund**  
400 Englewood Drive  
Frankfort, KY 40601  
Tel: 1-800-264-5226  
Fax: 1-502-875-8240

Invoice Number K240740  
Invoice Date 05/30/2024  
Due Date 08/01/2024

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**Insured Name and Address**

Member Number 0080

Crittenden - Livingston Water District  
620 East Main Street  
Salem, KY 42078

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Russell	Pierson		(270)988-2680	(270)988-4892	piersonclw@gmail.com

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**Invoice Detail**

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$56,695.00	\$56,695.00
		<b>Total Due</b>	<b>\$56,695.00</b>

Payment Options:

Option 1: Save 1%; pay \$56,128.05 by due date

Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50% = \$28,347.49 plus 3 monthly payments of \$9,449.17

Please Note: Effective January 1, 2025, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2024.

**Servicing Agency**  
Kentucky Association of Counties All Lines Fund  
1-800-264-5226

For claims service please call:  
1-866-367-5226

*Please return a copy of this invoice with your payment*