

KACo WORKERS COMPENSATION FUND

400 Englewood Drive

Frankfort, KY 40601

1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

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- ITEM 1 -** Name and Address of Insured:
Crittenden - Livingston Water District
620 East Main Street
Salem, KY 42078
- ITEM 2 -** Certificate Number: WC2022-1497
- ITEM 3 -** Effective Date: Friday, July 01, 2022 Expiration Date: Saturday, July 01, 2023
12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:
(a) For Workers Compensation: Statutory
(b) For Employers Liability: \$2,500,000
- ITEM 6 -** Workers Compensation Premium: \$17,417.00
- ITEM 7 -** Special Fund Tax: \$1,209.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$18,626.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2022. 1% discount applied = \$18,439.74
(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$9,313.01 Plus 3 monthly payments of \$3,104.33

Please Note: Effective January 1, 2023 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, 2022

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 26th day of May, 2022


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

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400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured: Crittenden - Livingston Water District 620 East Main Street Salem, KY 42078
ITEM 2 -	Certificate Number: WC2023-1497
ITEM 3 -	Effective Date: Saturday, July 01, 2023 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50
	Expiration Date: Monday, July 01, 2024
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
ITEM 5 -	Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: Statutory (b) For Employers Liability: \$2,500,000
ITEM 6 -	Workers Compensation Premium: \$17,189.00
ITEM 7 -	Special Fund Tax: \$1,193.00
ITEM 8 -	TOTAL PREMIUM:* \$18,382.00

ITEM 9 -	Payment Options: (1) Full payment by 8/1/2023. 1% discount applied = \$18,198.18 (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance. 50% = \$9,190.99 Plus 3 monthly payments of \$3,063.67
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Please Note: Effective January 1, 2024 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, 2023

* An invoice accompanies this declaration for the total amount due.

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THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 1st day of June, 2023


Kris Dunn, Associate Director of Insurance

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Frankfort, KY 40601
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CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

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- ITEM 1 -** Name and Address of Insured:
Crittenden - Livingston Water District
620 East Main Street
Salem, KY 42078
- ITEM 2 -** Certificate Number: WC2024-1497
- ITEM 3 -** Effective Date: Monday, July 1, 2024 Expiration Date: Tuesday, July 1, 2025
12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:
(a) For Workers Compensation: Statutory
(b) For Employers Liability: \$2,500,000
- ITEM 6 -** Workers Compensation Premium: \$18,323.00
- ITEM 7 -** Special Fund Tax: \$1,196.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$19,519.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2024. 1% discount applied = \$19,323.81
(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.
50% = \$9,759.49 Plus 3 monthly payments of \$3,253.17


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

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 29th day of May, 2024


Kris Dunn, Associate Director of Insurance

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Making Workers Comp Work in Kentucky