



# Invoice

QB

8605  
~~6-12-24~~  
6/16/24

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

Code: Insurant  
Insured: All Lines Fund

Invoice Number: K240837  
Invoice Date: 05/30/2024  
Due Date: 08/01/2024

Insured Name and Address

Elkhorn Water District  
PO Box 67  
Frankfort, KY 40602

Member Number: 0851

Contact(s)

First Name

Last Name

Title

Telephone

Fax

Email

Andi  
Nancy  
Roseanne

Breeck  
Sherrow  
Wise.

Office Staff  
Office Manager

(502)695-4431

elkhornwater@gmail.com  
elkhornwater@gmail.com

Invoice Detail

Effective Date

Description

07/01/2024 Annual Premium for 2024-2025 Policy Renewal

Premium  
\$6,558.00

Amount Due  
\$6,558.00

**Total Due \$6,558.00**

Payment Options:

- Option 1: Save 1%; pay \$6,492.42 by due date ←
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$3,279.00 plus 3 monthly payments of \$1,093.00

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.

Andi & Roseanne do not work for Elkhorn Water Dist.

new employee are:

Barbara Howard  
Wanda Roberts } Office Staff

phone number & email for both  
502 695 4431 elkhornwater@gmail.com

**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

RECEIVED

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Jill  
2/11

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CM

**KACo Insurance Agency**

400 Englewood Drive  
Frankfort, Kentucky 40601  
Tel: 800-264-5226  
Fax: 502-875-8242

INVOICE NO: **B30945**  
INVOICE DATE: 01/11/2024  
DUE DATE: 02/10/2024

**INSURED:**

Elkhorn Water District  
PO Box 67  
Frankfort KY 40602

COUNTY: Franklin

BOND NO: 3-760-310-2 EFFECTIVE: 02/25/2024 EXPIRES: 02/25/2025  
PRINCIPAL: Elkhorn Water District  
OBLIGEE: KY Department of Transportation, Dept. of Highways

Effective	Description	Cost	Amount Due
02/25/2024	ANNUAL PREMIUM ON \$10,000.00 ENCROACHMENT BOND RENEWAL.	\$100.00	\$100.00

Payment Info

Date Paid:	
Amount Paid:	
Check No.	

Sub Total:	\$100.00
KY Surcharge:	\$1.80

**Total Due: \$101.80**

Please return a copy of this invoice with your payment!

**Servicing Agency**  
Kentucky Association of Counties Insurance Agency  
(800) 264-5226

MEMBER NO:

**KACo Insurance Agency**

400 Englewood Drive  
Frankfort, Kentucky 40601  
Tel: 800-264-5226  
Fax: 502-875-8242

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2/15/24 2 m P/2

INVOICE NO: **B30928** *SOA.W*  
INVOICE DATE: 01/11/2024  
DUE DATE: **02/10/2024**

**INSURED:**

Elkhorn Water District  
PO Box 67  
Frankfort KY 40602

COUNTY: Franklin

BOND NO: 3-760-309-2 EFFECTIVE: 02/26/2024 EXPIRES: 02/26/2025  
PRINCIPAL: Elkhorn Water District, TREASURER  
OBLIGEE: Elkhorn Water District

<i>Effective</i>	<i>Description</i>	<i>Cost</i>	<i>Amount Due</i>
02/26/2024	ANNUAL PREMIUM ON \$100,000.00 NAME SCHEDULE BOND RENEWAL.	\$400.00	\$400.00

Payment Info

Date Paid:	<input type="text"/>
Amount Paid:	<input type="text"/>
Check No.	<input type="text"/>

Sub Total:	\$400.00
KY Surcharge:	\$7.20
<b>Total Due:</b>	<b>\$407.20</b>

*ETRM*

Please return a copy of this invoice with your payment!

**Name Schedule Listing**

Name:	Position:	Bond Amount:
Abner Lipps	Treasurer	\$100,000.00
		<hr/>
		\$100,000.00

**Servicing Agency**

Kentucky Association of Counties Insurance Agency  
(800) 264-5226

MEMBER NO:

# Kentucky Association of Counties

## All Lines Fund

400 Englewood Drive  
Frankfort, KY 40601

### Declarations Page

policy saved  
under  
documents

Policy Number **P&C0851**

Policy Period: 7/1/2024 to 7/1/2025

**Insured Name and Address**

Elkhorn Water District  
PO Box 67  
Frankfort, KY 40602

For customer service please call  
(800)264-5226

Issued: 7/10/2024

**Business Description**      Utilities

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	3,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	1,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	1,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	Non-Owned		500
Auto Collision	Non-Owned		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	See Policy
Convective Storm	As Per Statement on File		1% of value on date of loss
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized Representative

*Kris Dunn*

Date 7/10/2024

# Kentucky Association of Counties All Lines Fund

400 Englewood Drive  
Frankfort, KY 40601  
Declarations Page

*Policy stated under  
Account*

Policy Number **P&C0851**

Policy Period: 7/1/2023 to 7/1/2024

**Insured Name and Address**

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PO Box 67  
Frankfort, KY 40602

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Issued: 7/10/2023

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Earthquake	See Policy	See Policy	See Policy
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Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized Representative

*Kris Dann*

Date 7/10/2023