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AC	ORD	
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## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

CONTINUED UNTIL

TERMINATED IF CHECKED

	ETIDENCE OF TRO				02/04/2025					
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.										
AGENCY PHONE (A/C, No, Ex	t): (270) 754-4881	COMPANY								
Lawton Insurance		1								
131 W. Broad Street		Cincinnati Insurance Company								
P. O. Box 231		P O Box 145496								
Central City	KY 42330									
FAX (A/C, No): (270) 754-1063 E-MAIL ADDRESS: #	madison@lawtoninsurance.com	Cincinnati			OH 45250-5496					
CODE:	SUB CODE:									
AGENCY CUSTOMER ID #: 00006973										
INSURED		LOAN NUMBER		POLICY NUMBE	ER					
Muhlenberg County Water District				ETD0145502	2					
P. O. Box 348		EFFECTIVE DATE	EXPIRATION DATE							

06/19/2024

THIS REPLACES PRIOR EVIDENCE DATED:

06/19/2027

Greenville

PROPERTY INFORMATION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

KY 42345

COVERAGE INFORMATION	PERILS INSURED	E	BASIC		BROAD	X	SPECIAL			
	AMOUNT OF INSURANCE	DEDUCTIBLE								
Loc# 00001/Bldg# 00001, 301 Dean R	460,477	2,500								
Loc# 00001/Bldg# 00001, 301 Dean R	220,585	2,500								
Loc# 00001/Bldg# 00002, 301 Dean R	122,793	2,500								
Loc# 00001/Bldg# 00002, 301 Dean R	d, Business Personal Property,	Repla	acement	Cost,	Special for	m			87,564	2,500
Loc# 00001/Bldg# 00003, 301 Dean R	d, Building, Replacement Cost,	Speci	ial form						76,747	2,500
Loc# 00001/Bldg# 00003, 301 Dean R	d, Business Personal Property,	Repla	acement	Cost,	Special for	m			53,723	2,500
Loc# 00001/Bldg# 00004, 301 Dean R	d, Building, Replacement Cost,	Speci	ial form						34,008	2,500
Loc# 00001/Bldg# 00004, 301 Dean R	d, Business Personal Property,	Repla	acement	Cost,	Special for	m			60,711	2,500
Loc# 00001/Bldg# 00005, 301 Dean R	d, Property In The Open, Repla	ceme	nt Cost,	Spec	ial form				20,000	2,500
Loc# 00002/Bldg# 00001, Belton Pump	Station, Building, Replaceme	nt Cos	t, Specia	l forn	n				576,754	2,500

**REMARKS (Including Special Conditions)** 

## CANCELLATION

DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
ADDITIONAL INTEREST	
NAME AND ADDRESS	ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN #
	AUTHORIZED REPRESENTATIVE
	Fign Blan

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE

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			AD	DITIONAL COVE	RAGE	ES		
Ref # 2	Description 00002, Bel		on, Property In The Ope	en, Replacement Cost, Speci	al form	Coverage Code	Form No.	Edition Date
Limit 1 20,000		Limit 2	Limit 2         Limit 3         Deductible Amount         Deductible Type           2,500         Dollars			Premium		
Ref # 3	Description 00001, Lak		o Station, Building, Rep	lacement Cost, Special form		Coverage Code	Form No.	Edition Date
Limit 1 333,910	0	Limit 2	Limit 3	Deductible Amount 2,500		t <b>ible Type</b> Dollars	Premium	
<b>Ref #</b> 3	Description 00002, Lak		o Station, Property In T	he Open, Replacement Cost	, Special	Coverage Code	Form No.	Edition Date
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Deduc	t <b>ible Type</b> Dollars	Premium	
Ref # 4	Descriptio		Pump Station, Building	, Replacement Cost, Specia	l form	Coverage Code	Form No.	Edition Date
Limit 1 346,05		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium	
Ref# 4	Descriptio 00002, Be		Pump Station, Propert	y In The Open, Replacement	t Cost, Sr	Coverage Code	Form No.	Edition Date
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	<b>ctible Type</b> Dollars	Premium	
<b>Ref #</b> 6	Descriptio 00001, Cle		Pump Station, Building	, Replacement Cost, Special	form	Coverage Code	Form No.	Edition Date
Limit 1 758,88		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium	
<b>Ref #</b> 6	Descriptio 00002, Cle		Pump Station, Propert	y In The Open, Replacement	Cost, Sp	Coverage Code	Form No.	Edition Date
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium	
Ref # 7	Descriptio		& Drakes, Buildings, F	Replacement Cost, Special fo	orm	Coverage Code	Form No.	Edition Date
Limit 1 576,75		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	Dollars	Premium	
Ref # 7	Descriptio		n & Drakes, Property In	The Open, Replacement Co	ost, Specia	Coverage Code	Form No.	Edition Date
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ictible Type Dollars	Premium	
Ref # 8	Descriptio 00001, Tv		r Tank, Buildings, Repl	acement Cost, Special form		Coverage Code	Form No.	Edition Date
Limit 1 448,40		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	uctible Type Dollars	Premium	
<b>Ref #</b> 8	Description 00002, Tv		r Tank, Property In The	e Open, Replacement Cost, S	Special for	Coverage Code	Form No.	Edition Date
Limit * 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	Dollars	Premium	
OFAD	TLCV						Copyright 2007	1, AMS Services, Inc.

	ADDITIONAL COVERAGES									
<b>Ref #</b> 9	Description 00001, Lak		<, Buildings, Replacer	Coverage Code	Form No.	Edition Date				
Limit 1 672,600	)	Limit 2 Limit 3 Deductible Amount Deductible Type 2,500 Dollars					Premium			
<b>Ref #</b> 9	Description 00002, Lak		k, Property In The Op	en, Replacement Cost, Spe	ecial fo	Coverage Code	Form No.	Edition Date		
Limit 1 20,000	Limit 2 Limit 3 Deductible Amount Deductible Type 2,500 Dollars						Premium			
<b>Ref #</b> 10	Description         Coverage Code           00001, Weir Water Tank, Building, Replacement Cost, Special form         Coverage Code						Form No.	Edition Date		
Limit 1 448,400	)	Limit 2	Limit 3	Deductible Amount 2,500		t <b>ible Type</b> Dollars	Premium			
<b>Ref #</b> 10	Description 00002, We		rty In The Open, Repl	acement Cost, Special form	n	Coverage Code	Form No.	Edition Date		
Limit 1 20,000							Premium			
<b>Ref #</b> 11	Description 00001, Nel		lding, Replacement C	ost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 495,60	Limit 2     Limit 3     Deductible Amount     Deductible Type       0     2,500     Dollars						Premium			
<b>Ref #</b> 11	Description 00002, Nel		perty In The Open, R	eplacement Cost, Special f	orm	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Deduc	ctible Type Dollars	Premium			
<b>Ref #</b> 12	Descriptio 00001, Ne		ing, Replacement Co	st, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 483,80		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium			
<b>Ref #</b> 12	Descriptio 00002, Ne		erty In The Open, Re	placement Cost, Special for	rm	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium			
<b>Ref #</b> 13	Descriptio 00001, Du		uilding, Replacement	Cost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 1,003,0		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium			
<b>Ref #</b> 13	Descriptio 00001, Du		roperty In The Open,	Replacement Cost, Special	l form	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	Dollars	Premium			
<b>Ref #</b> 14	Descriptio 00001, Po		Building, Replacemen	t Cost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 1,062,		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	<b>Ictible Type</b> Dollars	Premium			
OFAD	FLCV						Copyright 2001, A	AMS Services, Inc.		

	ADDITIONAL COVERAGES									
<b>Ref #</b> 14	Description 00002, Pov		Property In The Open,	Replacement Cost, Specia	al form	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2 Limit 3 Deductible Amount Deductible Type 2,500 Dollars			Premium					
<b>Ref #</b> 15	Description 00001, Dep		lding, Replacement C	ost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 1,062,0	00	Limit 2	Limit 3	Deductible Amount 2,500		<b>tible Type</b> Dollars	Premium			
<b>Ref #</b> 15	Description         Coverage Code           00002, Depoy Water Tank, Property In The Open, Replacement Cost, Special form         Coverage Code						Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500		ctible Type Dollars	Premium			
<b>Ref #</b> 16	Description 00001, Bee		nk, Building, Replacer	nent Cost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 1,947,0	00	Limit 2	Limit 3	Deductible Amount 2,500	1	ctible Type Dollars	Premium			
<b>Ref #</b> 16	Description 00002, Bee		nk, Property In The O	pen, Replacement Cost, Sp	pecial fo	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2     Limit 3     Deductible Amount     Deductible Type       2,500     Dollars					Premium			
<b>Ref #</b> 17	Descriptio 00001, De		Building, Replacemen	t Cost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 588,89	6	Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium			
<b>Ref #</b> 17	Descriptio 00002, De		Property In The Open,	Replacement Cost, Specia	al form	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	ctible Type Dollars	Premium			
<b>Ref #</b> 18	Descriptio		ling, Replacement Cos	st, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 1,298,0		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	Dollars	Premium			
<b>Ref #</b> 18	Descriptio		erty In The Open, Rep	placement Cost, Special for	m	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	Dollars	Premium			
<b>Ref #</b> 19	Descriptio		Building, Replaceme	nt Cost, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 303,55		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	uctible Type Dollars	Premium			
<b>Ref #</b> 19	Descriptio		Property In The Oper	n, Replacement Cost, Spec	ial form	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	uctible Type Dollars	Premium			
OFAD	TLCV						Copyright 2001, /	AMS Services, Inc.		

	ADDITIONAL COVERAGES									
<b>Ref #</b> 20	Description 00001, Dur	i Imor Pump Station, B	uilding, Replacemen		Coverage Code	Form No.	Edition Date			
Limit 1 303,555	5	Limit 2	Limit 3	Deductible Amount 2,500		<b>tible Type</b> Dollars	Premium			
<b>Ref #</b> 20	Description 00002, Dur		roperty In The Open	Replacement Cost, Specia	al form	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500		t <b>ible Type</b> Dollars	Premium			
<b>Ref #</b> 21	Description 00001, 431	n Pump Station, Build	ing, Replacement Co	st, Special form		Coverage Code	Form No.	Edition Date		
Limit 1 666,302	2	Limit 2	Limit 3	Deductible Amount 2,500		t <b>ible Type</b> Dollars	Premium			
<b>Ref #</b> 21	Description 00002, 431		erty In The Open, Re	placement Cost, Special fo	rm	Coverage Code	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount 2,500		<b>ctible Type</b> Dollars	Premium			
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	-		
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ictible Type	Premium	- I		
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	uctible Type	Premium			
OFAD	<b>FLCV</b>						Copyright 2001, A	MS Services, Inc.		