



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 K230546
Invoice Date 06/01/2023
Due Date 08/01/2023

Insured Name and Address

Member Number 0426

Western Rockcastle Water Association
PO Box 627
Mount Vernon, KY 40456

Contact(s)

| <u>First Name</u> | <u>Last Name</u> | <u>Title</u> | <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |
|--------------------------|-------------------------|---------------------|-------------------------|-------------------|-------------------------|
| Paula | DeBorde | Office Manager | (606)308-4793 | (606)256-8535 | pdeborde@windstream.net |

Invoice Detail

| <u>Effective Date</u> | <u>Description</u> | <u>Premium</u> | <u>Amount Due</u> |
|------------------------------|---|-----------------------|--------------------------|
| 07/01/2023 | Equipment additions and deletions after pricing released. | \$67.00 | \$67.00 |
| 07/01/2023 | Annual Premium for 2023-2024 Policy Renewal | \$23,196.00 | \$23,196.00 |
| | | Total Due | \$23,263.00 |

Payment Options:

- Option 1: Save 1%; pay \$23,030.37 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$11,631.49 plus 3 monthly payments of \$3,877.17

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.

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