



# 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** K240860  
**Invoice Date** 05/29/2024  
**Due Date** 08/01/2024

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**Insured Name and Address**

**Member Number** 0426

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

**Contact(s)**

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

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**Invoice Detail**

<u><b>Effective Date</b></u>	<u><b>Description</b></u>	<u><b>Premium</b></u>	<u><b>Amount Due</b></u>
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$29,652.00	\$29,652.00
		<b>Total Due</b>	<b>\$29,652.00</b>

**Payment Options:**

- Option 1: Save 1%; pay \$29,355.48 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$14,826.00 plus 3 monthly payments of \$4,942.00

**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.

**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*