



Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

www.kaco.org

Date: November 29, 2022

To: Western Rockcastle Water Association

From: KACo Insurance Customer Service Representative Team

Re: Update of information for 2023

This is the time of year that we begin the process for the 2023-2024 renewal of your KACo All Lines Fund (KALF) policy. The first step is to make sure that we have the most up-to-date information to determine your renewal premium.

Attached you will find current information on file for your KALF policy. Additions and deletions should be submitted throughout the year as items are purchased/sold, so you just need to review this information to make sure that [1] nothing was missed, [2] that details/values are correct, and [3] that employee and budget data is updated appropriately.

You can use the checklist below as a guide to reviewing, verifying and changing as necessary, the following information:

- ☐ Contact person(s), phone/fax numbers, e-mail and address.
- ☐ Current number of employees (distinguish between full and part-time) – number of employees should include all employees, **including** any law enforcement, nurses, firemen, or EMT's that may also be listed elsewhere on your SOV (if applicable).
- ☐ Update budget to reflect your current (not future) operating budget (your expenses less any one-time grant monies). ARPA funds should **not** be included. *If your budget is not changing – please write **"NO CHANGE"** next to the budget currently on your SOV, as we generally expect budgets to change annually.*
- ☐ **Auto values - - please note, if you want full coverage on a vehicle you MUST submit a value for that vehicle – without a value it is covered for liability only.** If any of your autos have depreciated in value, please update as needed at this time as well.
- ☐ Update values on equipment or watercraft as needed.
- ☐ Fill in any missing information on property, equipment, watercraft or autos (anything blank, please complete).

Deletions: Do not mark completely through any item you need to delete, as it will become unreadable – just write in the word "DELETE" next to whatever item needs to be deleted.

Additions: Additions forms are included for any items that need to be added.

NOTE: Your building values have been increased by 10.3%, contents values by 10.8% and PITO values by 10% over 22-23 values. These increases have been done in accordance with industry increases. If you dispute these increases, we will need a submitted **Replacement Value** appraisal (not market value) dated less than 1 (one) year of the date hereof.

Once you have completed the review, please complete and sign the enclosed form and return with your SOV (or just return the signed form if you have no changes) no later than:

January 20, 2023

Stronger Counties. Stronger Kentucky.

* * * Communication Result Report (Dec. 19. 2022 2:22PM) * * *

1) Western Rockcastle Water
2)

Date/Time: Dec. 19. 2022 2:20PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1608 Memory TX	15022345055	P. 6	OK	

Reason for error
 M. 1) Hang up or line fail
 M. 3) No answer
 M. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax

**Kentucky Association of Counties**

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MEMORANDUM

Date: December 15, 2022
 To: Western Rockcastle Water Association
 From: KACo Workers Compensation Fund Customer Service Team
 Re: 2023-2024 Renewal Data Review

Dear Member,

It is once again time to prepare for your upcoming policy renewal through KACo Workers Compensation Fund. In order to properly process your renewal, we will need for you to complete the enclosed payroll estimation form (KACo W/C-1). Please use this form to project your payrolls by class code for the upcoming 2023-2024 policy term, and insert those figures under the column, "2023-2024 Estimated Payroll". Additionally, please complete the 2023-2024 "Number of Employees" so that it properly reflects the projected number of employees per class code for the upcoming term. Make sure to review the enclosed Guideline form, as it will assist you in completing the KACo W/C-1.

In addition to filling out your payroll estimation form, there are a couple of additional items enclosed that need to be completed as well. Enclosed you will find a copy of what we have on file for your Concentration of Risk (where your employees are located on a daily basis). Please review this list and make changes as needed. (If a count is different, just mark through what is shown, and write in the new number.) If you have any additional employee locations that are not listed, blank lines are provided for completion. Please keep in mind that you should list all buildings that your employees are located in, regardless of whether or not you own these buildings. Also enclosed is a Special Exposures Questionnaire. Please complete and return with other documents.

IMPORTANT

All responses should be based upon what you anticipate for the upcoming 2023-2024 policy term.

We are requesting that all items be returned by January 20, 2023. All requested items must be returned. Please return via fax to: 502-234-5055 or 502-875-8210, scan and e-mail to insurance@kaco.org, or you may also mail to:

KACo Workers Compensation Fund
 Attn: Customer Service Team
 400 Englewood Drive
 Frankfort, KY 40601

Please feel free to direct any questions that you may have concerning any of these data requests to your agent or call the KACo Workers Compensation Fund Customer Service Team direct.



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KACo Workers Compensation Fund
Attn: Customer Service Team
400 Englewood Drive
Frankfort, KY 40601

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KACo WORKERS COMPENSATION FUND

KACo W/C - 1

400 Englewood Drive, Frankfort, KY 40601
Tel: 1-800-264-5226, FAX: 1-502-234-5055

Date: 12/15/2022

Due Date: 1/20/2023

Insured Name and Address

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

Member # 1246

RE: 2023-2024 Workers Compensation Estimated Payroll

Federal Employers ID Number (FEIN): 610904314

Telephone: (606) 256-8283

		2022-23	2022-23	2023-24	2023-24
		Estimated Payroll	# of Employees	Estimated Payroll	# of Employees
Class	Class Description				
7520	Waterworks operations & drivers	\$260,000	6	250,000.00	5
8810	Clerical office employees	\$150,000	4	165,000.00	4
Other					
Other					
Other					

IMPORTANT GUIDELINES FOR COMPLETION OF PAYROLL ESTIMATION AND PAYROLL AUDIT FORMS

When completing your payroll estimation or payroll audit form, please consider the following:

- Payroll should be recorded for all salaried, hourly, full, or part-time employees.
- Payroll should be based upon **gross salary**.
- Do not include **benefits** of any type (medical, retirement, or insurance benefits, expense checks, travel allowances, etc.) when calculating payroll; again use **gross salary** only.
- **All pay that counts as a portion of gross salary**, such as that for holidays, bonuses, overtime, etc., should be recorded in your payroll totals.
- Overtime is to be calculated at the **hourly rate**, not time and a half.
- **Do not split payroll** for one employee amongst different class codes. If an employee performs duties encompassed by two or more class codes, record the entire amount of that employee's payroll under the code that best represents the employee's job exposure.
- Do not leave payroll lines blank. If no payroll is to be recorded for a particular class code, enter "\$0".
- **Always provide the number of employees** per class code.
- Solely for your protection, all **independent contractors** should provide a certificate of workers comp insurance to you before they begin working for you. **YOUR POLICY WITH KACo EXCLUDES COVERAGE FOR ALL INDEPENDENT CONTRACTORS** unless you have, due to some rare circumstance, received formal, written authorization from us to provide coverage to the contractor for a specified period of time. **Do not record payroll for such individuals** unless you have received the proper authorization from our office to extend workers comp coverage to an independent contractor for a specified period of time.
- **Independent Contractor Defined** – A worker who determines own work schedule and uses own tools / vehicle.
- Workers compensation coverage for the following **volunteer, non-paid employees** should be provided by the State Workers Compensation Fund, **and will therefore be EXCLUDED by your policy with KACo Workers Compensation Fund**: Volunteer Ambulance Service or Volunteer Fire Department employees, also any regularly enrolled volunteer or volunteer trainee of an Emergency Management Agency as established under KRS Chapters 39A to 39E. **Only paid, administrative employees of any of these departments are eligible for coverage under your policy with KACo Workers Compensation Fund.** Record payroll only for those individuals who are eligible for coverage under your policy as defined above. For further explanation of coverage available through the State Fund to any of these employees excluded from coverage by your KACo policy, please call 502-564-6846.

KACo Workers Compensation Fund

Special Exposures Application/Questionnaire 2023-2024 Policy Term

Please review the following questions carefully, and then respond based upon the ACTUAL and/or ANTICIPATED exposures as applicable for your entity. Should any of your responses warrant the need for completion of any additional applications, we will contact you.

*****Failure to provide or disclose accurate information to us regarding the exposures noted within this application/questionnaire may create a gap in your coverage through KACo Workers Compensation Fund*****

Applicant/Entity Name: Western Rockcastle Water Association

Person Completing Form: Paula DeBord

Signature & Date: Paula DeBord 12/19/2022

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Special Exposures:

(Check the response that most appropriately reflects the actual and/or anticipated exposures as applicable for entity applying for coverage.)

Does applicant own any aircraft?

Yes

No ✓

Does applicant lease or charter any aircraft?

_____ ✓

Does applicant have an employee that is a pilot and flies an aircraft, for any reason, while at work for the applicant?

_____ ✓

(If "Yes," Aircraft Supplemental Application must be completed.)

Western Rockcastle Water Association

Special Exposures: (cont.)

(Check the response that most appropriately reflects the actual and/or anticipated exposures as applicable for entity applying for coverage.)

	<u>Yes</u>	<u>No</u>
Does applicant own, lease, or charter any watercraft that is in excess of <u>26</u> feet? (If "Yes," Watercraft Supplement Application must be completed.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant have employees who may be subject to the Longshoremen and Harbor Workers Act, Jones Act, or Federal Employers' Liability Act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant have any operations outside the U.S. or employees who travel outside the U.S. on a regular basis or for more than a week at a time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is applicant engaged in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant perform any underground, subaqueous, or tunneling operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant have a fire department that contracts with state or National Forest Service to fight wildland fires? If "Yes," please advise in the last 5 years for each fire the number of employees and duration in the explanation area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does applicant provide group transportation for employees to and from the workplace?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(If "Yes," provide the average and maximum number of employees in a vehicle per trip and the average number of daily trips.) Number of Employees ____/____ Number of Daily Trips ____ (Avg/Max)		

For any "Yes" responses please provide a brief explanation below:

EMPLOYEE CONCENTRATION OF RISK WORKSHEET - PROJECTIONS FOR 2023-24 POLICY PERIOD
Please mark changes directly on this form. Write "Delete" next to any locations that need to be deleted.
Use the blank boxes at the bottom of this page for any locations that need to be added.
If there are no changes, please initial here PD.

Member Name: Western Rockcastle Water Association

Occupied As
Western Rockcastle Water Assoc.

Location Address
371 New Brodhead Road

City
Mt. Vernon

St KY **Zip** 40456

Employee Count *
10

Notes:

* Employee count should include total # of employees on all shifts per building



Statement of Balance Due

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

Statement Date: 10/3/2024

Customer Number: 02-0000426

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

Date	Invoice Number	Description	Charge	Credit	Balance
6/30/2024	K240860-IN	24-25 Premium	29,652.00		
7/23/2024		Payment Ref: 462546		14,826.00	
8/13/2024		Payment Ref: 462601		4,942.00	
9/10/2024		Payment Ref: 462702		4,942.00	4,942.00

10/1 4942.00
7/14 4942.00
8/1 4942.00
7/15 14826.00

Balance Due: 4,942.00

**** PLEASE NOTE:** Effective January 1, 2025, any outstanding balance due on 24-25 premium will accrue a compounding monthly interest charge of .5%.



Statement of Balance Due

KACo Workers Compensation Fund
400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

Statement Date: 10/3/2024

Customer Number: 00-0001246

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

Date	Invoice Number	Description	Charge	Credit	Balance
6/30/2024	W240398-IN	24-25 Premium	7,005.00		
8/13/2024		Payment Ref: 462600		3,502.50	
9/10/2024		Payment Ref: 462701		1,167.50	2,335.00

8/1 3502.50
10/1 1167.50
9/4 1167.50
12/6 1167.50

Balance Due: 2,335.00

****PLEASE NOTE:** Effective January 1, 2025, any outstanding balance due on 24-25 Premium will accrue a compounding monthly interest charge of .5%.

COMPLETED REVIEW DUE TO OUR OFFICE BY JANUARY 20, 2023

SOV Review for: Western Rockcastle Water Association

Completed by (print name): John C. Smith

Please provide contact details in case of questions:

Phone: 502-234-0888 Email: john.smith@westernrockcastle.com

Choose one of the following:

☐ I have carefully reviewed the attached Statement of Values and marked all necessary changes to be made. (Be sure to return all pages that need corrections, additions or deletions.)

☐ I have reviewed the Statement of Values sent to me on 11/29/22, and have found no changes to be made at this time. (If you have no changes, return only this page.) *

*If you chose "no changes" – please confirm budget here: _____

Signed: John C. Smith Date: 1/10/23

Return by January 20, 2023:

Mail to: KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

Fax to: 502-234-5055 or 502-875-8240

Or e-mail to: insurance@kaco.org

Membership Information

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

**Kentucky Association of Counties
KACO All Lines Fund Statement of Values
11/29/2022**

Member Number 0426
Member Type Utilities

Contact Information

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

General Liability

Full Time Employees 10
Part Time Employees 0
Total Budget \$556,423

Special Events

Fireworks	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Fairs/Carnivals/Festivals	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Athletic	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Racing/Rodeo	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Bleachers/Arenas	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

**Kentucky Association of Counties
KACo All Lines Fund Statement of Values**
11/29/2022

Western Rockcastle Water Association

Member Number 0426

Property List

Total Building Value \$3,397,261.00
Total Contents Value \$503,475.00
Total Property in the Open Value \$94,115.00
Total Insured Value \$3,994,851.00

Loc #	Bldg #	Occupancy	Address	City	Zip	GPS LAT/LONG	Occupied	Agreed Value	F/P Code	Year Built	# of Stories	SqFt	ISO	Sprinkler %	Building Value	Contents Value	Property in the Open	Total Value
1	1	Office	371 New Broadhead Road	Mt Vernon	40456	37.351182/ 84.347773	Occupied	No	1/6	1986	1	2272	1	0	\$444,123	\$107,712	\$50,061	\$601,896
2	1	Green Fish Hill Water Tank	Sunset Ridge Road	Brohead	42435	37.410592/ 84.331605	Unoccupied	No		1996	1	0	3	0	\$489,552	\$18,465	\$14,267	\$522,284
2	2	Pump Station	Green Fish Hill	Brohead	42435	37.409322/ 84.336523	Structure Only	No		1996	0	87	3		\$58,416	\$0	\$0	\$58,416
3	1	Scaffold Cane Water Tank	Scaffold Cane Road	Brohead	42435	37.487587/ 84.287490	Structure Only	No		1980	0	0	3		\$52,664	\$0	\$0	\$52,664
3	2	Pump Station	Scaffold Cane Road	Brohead	42435	37.464288/ 84.299578	Structure Only	No		1980	0	162	6		\$33,914	\$0	\$0	\$33,914
4	1	Old 461 Pump Station	Old 461	Brohead	42435	37.341623/ 84.363138	Unoccupied	No		1996	1	200	3	0	\$72,787	\$161,875	\$5,632	\$240,294
5	1	New 461 Water Tank	Route 461	Brohead	42435	37.339205/ 84.370540	Unoccupied	No		1996	1	0	3	0	\$396,309	\$18,465	\$0	\$414,774
8	1	Chestnut Ridge Pumping Station	Highway 1650 - Chestnut Ridge	Brohead	42435	37.344827/ 84.315315	Structure Only	No		2000	0	186	6		\$59,909	\$0	\$0	\$59,909
9	1	1326 Pumping Station	Highway 1326	Brohead	42435	37.370287/ 84.368405	Structure Only	No		1999	0	184	6		\$74,398	\$0	\$0	\$74,398
10	1	Lear Knob Water Tank	Lear Knob	Brohead	42435	37.426800/ 84.366280	Structure Only	No		1980	0	0	3		\$89,641	\$0	\$0	\$89,641
11	1	Dog Walk Water Tank	Dog Walk Road	Brohead	42435	37.380437/ 84.510125	Unoccupied	No		2001	1	0	3	0	\$1,063,686	\$18,465	\$0	\$1,082,151

Loc#	Bldg #	Occupancy	Address	City	Zip	GPS LAT/LONG	Occupied	Agreed Value	F/P Code	Year Built	# of Stories	SqFt	ISO	Sprinkler %	Building Value	Contents Value	Property in the Open	Total Value
12	1	Sand Knob Water Tank	Sand Knob	Brookhead	42435	37.327058/ 84.420960	Structure Only	No		1980	0	0	3		\$97,110	\$0	\$0	\$97,110
13	1	Tank	461 Highway & 1152	Brookhead	42435	37.267583/ 84.421462	Structure Only	No		1983	0	0	3		\$82,918	\$0	\$0	\$82,918
14	1	Chestnut Ridge Tank	Chestnut Ridge	Brookhead	42435	37.325877/ 84.307347	Structure Only	No		1999	0	0	3		\$52,664	\$0	\$0	\$52,664
15	1	Storage Building	Highway 2549	Mt. Vernon	40456	37.330980/ 84.372782	Occupied	No	1/6	2002	1	5000	3	0	\$329,170	\$178,483	\$24,155	\$531,818

ISO Codes

- 1 Frame
- 2 Joisted Masonry
- 3 Noncombustible
- 4 Masonry Noncombustible
- 5 Modified Fire Resis tive
- 6 Fire Resis tive

**Kentucky Association of Counties
KACo All Lines Fund Statement of Values
11/29/2022**

Western Rockcastle Water Association

Member Number 0426

Equipment List

Total Equipment 5
Total Value \$678,500.00

<u>Department</u>	<u>Year</u>	<u>Manufacturer</u>	<u>Serial Number</u>	<u>Value</u>	<u>Description</u>
EDP	2003	Case	JJG0310288	\$59,000	580 M Backhoe
	0	Mueller Company		\$558,000	Hershey Radio Read Meter System (4,000 meters)
	1979	Ford		\$6,500	3600 Tractor
		ACER		\$10,000	Computer System
Service	2011	Case	NBTN63111	\$45,000	Model CX36B Compact Excavator
Western Rockcastle Water Association					

Kentucky Association of Counties
KACO All Lines Fund Statement of Values
11/29/2022

Western Rockcastle Water Association

Member Number 0426

Summary of Coverage

Coverage			Deductible
General Liability (Per OCC/AGG)	3,000,000	5,000,000	500
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG)	3,000,000	3,000,000	1,000
Retroactive Date: 07/01/2003			
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	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	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 Flood - Zones A & V)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	25,000
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0