



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      K250026  
Invoice Date        05/29/2025  
Due Date            08/01/2025

Insured Name and Address				Member Number	0833
North McLean County Water District PO Box 68 Livermore, KY 42352					
Contact(s)					
First Name	Last Name	Title	Telephone	Fax	Email
Keith	Ayer	Chairman	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net
Tiffany	Sallee	Secretary	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net

Invoice Detail

Effective Date	Description	Premium	Amount Due
07/01/2025	Annual Premium for 2025-2026 Policy Renewal	\$11,824.00	\$11,824.00
		Total Due	\$11,824.00

Payment Options:  
Option 1: Save 1%; pay \$11,705.76 by due date  
Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$5,911.99 plus 3 monthly payments of \$1,970.67

Please Note: Effective January 1, 2026, 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, 2025.

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

Kentucky Association of Counties  
All Lines Fund

400 Englewood Drive  
Frankfort, KY 40601  
Declarations Page

Policy Number P&C0833

Insured Name and Address

North McLean County Water District  
PO Box 68  
Livermore, KY 42352

Policy Period: 7/1/2025 to 7/1/2026  
For customer service please call

(800)264-5226

Issued: 05/29/2025

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)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	5,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	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	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)	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 5/29/2025



## Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

[www.kaco.org](http://www.kaco.org)

Date: May 29, 2025  
To: North McLean County Water District  
From: Temple Juett  
KACo All Lines Fund  
Re: 2025-2026 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund (KALF) and for trusting KACo to provide for your general insurance needs. Our mission has always been to provide the best coverage at the best possible price, a goal which grows in importance as the world of insurance becomes more and more complicated and unpredictable.

The KACo programs are owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends. It is a shining example of interlocal cooperation which works because of your participation. Members helping each other is what the program is all about.

Enclosed you will find the following KACo All Lines Fund renewal documents:

**2025-2026 Invoice**

2025-2026 Declarations Page  
Vehicle Card(s)

Regarding your invoice, at the bottom it shows the discount you can receive if you pay your premium prior to 8/1/2025, as well as the penalty that will apply if your premium is not paid in full by 12/31/2025.

Please remit payment to:  
KACo All Lines Fund  
Attn: Accounting Department  
400 Englewood Drive  
Frankfort, KY 40601

Your KALF policy for 2025-2026 will be available in our online portal – notification of availability will be sent to the primary email address for this account. The primary email address we have on file is: [nmcleanwater@bellsouth.net](mailto:nmcleanwater@bellsouth.net). Send a message to [insurance@kaco.org](mailto:insurance@kaco.org) if we need to make any updates.

If you have questions, do not hesitate to contact your Marketing Representative, Rob Brown, at 859-333-0862, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!

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**Stronger Counties. Stronger Kentucky.**



# KACo WORKERS' COMPENSATION FUND

400 Englewood Drive  
Frankfort, KY 40601  
1-800-264-5226

## CERTIFICATE OF WORKERS' COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured:	
	North McLean County Water District	
	PO Box 68	
	Livermore, KY 42352	
ITEM 2 -	Certificate Number: WC2025-2313	
ITEM 3 -	Effective Date: Tuesday, July 1, 2025	Expiration Date: Wednesday, July 1, 2026
	12:01 A.M., standard time at the address of the Insured as stated herein.	
	Cancellation Notice: 60 Days - Pursuant to KRS 304.50	
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers' Compensation Law. (KRS 342)	
ITEM 5 -	Company's Limit of Indemnity Each Occurrence:	
	(a) For Workers' Compensation:	Statutory
	(b) For Employers Liability:	\$2,500,000
ITEM 6 -	Workers' Compensation Premium:	\$3,682.00
ITEM 7 -	Special Fund Tax:	\$204.00
ITEM 8 -	TOTAL PREMIUM:*	\$3,886.00

- ITEM 9 - Payment Options:
- (1) Full payment by 8/1/2025. 1% discount applied = \$3,847.14
  - (2) 50% payment by 8/1/2025 and 3 subsequent equal monthly pmts. on balance.  
50% = \$1,942.99 Plus 3 monthly payments of \$647.67

Please Note: Effective January 1, 2026 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, 2025

\* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers' Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS' COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 28th day of May, 2025

  
Kris Dunn, Associate Director of Insurance



## Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

[www.kaco.org](http://www.kaco.org)

Date: May 28, 2025  
To: North McLean County Water District  
From: Temple Juett  
KACo Workers' Compensation Fund  
Re: 2025-2026 Workers' Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Workers' Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo Workers' Compensation Fund renewal documents:

Renewal Certificate

2025-2026 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2025, as well as the penalty that will apply if your premium is not paid in full by 12/31/2025.

Please remit payment to:

KACo Workers' Compensation Fund  
Attn: Accounting Department  
400 Englewood Drive  
Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACo W/C-3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to [insurance@kaco.org](mailto:insurance@kaco.org). If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance.

If you have any questions, please do not hesitate to contact your Marketing Representative, Rob Brown, at 859-333-0862, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers' Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

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**Stronger Counties. Stronger Kentucky.**

APPLICATION FOR MEMBERSHIP AGREEMENT  
Kentucky Association of Counties  
Workers' Compensation Fund

NAME: North McLean County Water District

ADDRESS: PO Box 68, Livermore, KY 42352

WE ARE LOCATED IN THE COUNTY OF: McLean

CURRENT WORKERS' COMP CARRIER: KACo Workers' Compensation Fund

I (we) hereby formally apply for continuing membership for workers' compensation coverage in the Kentucky Association of Counties Workers' Compensation Fund to be effective 12:01 a.m. Tuesday, July 1, 2025, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers' Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers' Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers' Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers' Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

X Keith M. Ayer  
Signature of Applicant

X Duffany Sallee  
Signature of Witness

Keith M Ayer  
Type Name and Title

61-0967489  
Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

North McLean County Water District , is a member of the Kentucky Association of Counties Workers' Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2025.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Kris Dunn, Associate Director of Insurance  
KACo Workers' Compensation Fund

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.