



600 Frederica Street  
Owensboro, KY 42301  
Phone: (270) 926-2806  
Email: www.emford.com

North McLean County Water Dist  
North McLean County Water Dist  
P.O. Box 68  
Livermore, KY 42352

Invoice # 5726		Page 1 of 1
Account Number	NORTMCL-01	Date 10/3/2024
BALANCE DUE ON	11/6/2024	
AMOUNT PAID		Amount Due \$866.00

Producer: John Neely  
CSR: Sheri Bailey

D&O Liability PolicyNumber: NDO2002182T Effective: 11/6/2024 to 11/6/2025

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
365003	11/6/2024	11/6/2024	RENB	Renewal of DOLI Effective 11/6/2024	\$866.00

Total Invoice Balance: \$866.00

\*Please return one copy of this invoice with your payment. The other you may keep for your records\*

MOUNT VERNON FIRE INSURANCE COMPANY  
1190 DEVON PARK DRIVE  
P.O. BOX 6700  
WAYNE PA 19087-2191

**NOTICE OF POLICY CONDITIONAL RENEWAL**

Named Insured & Mailing Address:

Producer: 1076

NORTH MCLEAN COUNTY WATER DISTRICT  
PO BOX 68  
LIVERMORE KY 42352

CRC BINDING MEMPHIS  
6075 POPLAR AVENUE, SUITE 400  
MEMPHIS TN 38119

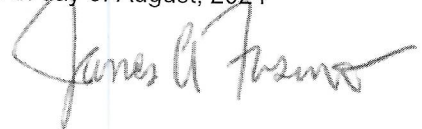
Policy No.: NDO 2002182U  
Type of Policy: NON PROFIT MANAGEMENT LIABILITY  
Date of Expiration: 11/02/2024; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following: The following form will be added at renewal - PL 1 PFAS Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)

Named Insured

NORTH MCLEAN COUNTY WATER DISTRICT  
PO BOX 68  
LIVERMORE KY 42352

Date Mailed:  
7th day of August, 2024



JAMES FUSARO



Billing Questions (888) 866-2666  
Email [info@cnasurety.com](mailto:info@cnasurety.com)

Notice of Premium Due 12/22/2024


Premium	\$100.00
Tax Surcharge	\$1.80

NORTH MC LEAN COUNTY WATER DISTRICT  
P. O. BOX 68  
LIVERMORE, KY 42352

Amount Due	\$101.80
------------	----------

Bond Detail			
Bond #	71734858	Obligee	OBLIGEE ADDRESS UNKNOWN
Company	Western Surety Company		
Term Dates	12/22/2024 to 12/22/2025		
Bond Amount	\$5,000.00		
Description	KY Dishonesty A-Business, Fraternal & Social Clubs Or		

Agent Information	Messages
If you have any questions, please contact your local Shelter Insurance Agent.	We show 5 rated for premium purposes. To ensure proper coverage, verify the total number of employees and owners covered & contact us with changes. Note: After several years, we may have increased our rates slightly.

Payment Instructions	
	<ul style="list-style-type: none"><li>• Pay Online at <a href="https://ONLINEPAY.CNASURETY.COM">ONLINEPAY.CNASURETY.COM</a></li><li>• If paying by mail, please send payment 2 weeks prior to due date to ensure receipt Make check payable to CNA Surety Detach payment stub and return with payment</li></ul> <p>Note-Renewal documents will only be sent upon receipt of full payment</p>

North Mc Lean County Water District  
Bond # 71734858  
Company 0601  
Agency 24-16670  
Daniel Boone Agency, L L C

Payment Due	12/22/2024	Amount Due	\$101.80
-------------	------------	------------	----------

CNA Surety Direct Bill  
P.O. Box 957312  
St. Louis, MO 63195-7312

0003001 02416670000012222024 00601007173485800 00000001018001



## 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 30, 2024  
To: North McLean County Water District  
From: Temple Juett  
KACo All Lines Fund  
Re: 2024-2025 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund 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:

**2024-2025 Invoice**

2024-2025 Declarations Page  
Summary of Coverage Updates  
Vehicle Card(s)

Regarding your invoice, at the bottom it shows the discount you can receive if you pay your premium prior to 8/1/2024, as well as the penalty that will apply if your premium is not paid in full by 12/31/2024.

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

Your policy for policy year 2024-2025 will be emailed again this year. The primary email address we have on file for you 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 changes to the email address we have on file.

If you have any 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!

---

**Stronger Counties. Stronger Kentucky.**





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 K240026  
Invoice Date 05/30/2024  
Due Date 08/01/2024

Insured Name and Address

Member Number 0833

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

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
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

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$11,542.00	\$11,542.00
		<b>Total Due</b>	<b>\$11,542.00</b>

Payment Options:  
Option 1: Save 1%; pay \$11,426.58 by due date **8-1-24**  
Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$5,770.99 plus 3 monthly payments of \$1,923.67

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

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: 7/1/2024 to 7/1/2025  
For customer service please call  
(800)264-5226

Issued:    05/30/2024

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 Dann

Date    5/30/2024

## Summary of Coverage Updates

This year, the only coverage changes are contained in the property policy. Due to changes in our reinsurance coverage provided to us by other carriers, the property policy has been modified as follows:

### 1. Maximum Liability Limit

The maximum limit of liability for any one location in a single Occurrence regardless of the number of properties or coverages involved will not exceed the lesser of:

- a. The actual adjusted amount of loss, less applicable deductible(s); or
- b. 125% of the real and personal property values combined for the reported Location as listed on the statement of values. "Location" shall mean each individual line item reported on the latest statement of values on file with the Company;

### 2. 1% Convective Storm Deductible

For claims involving damage from a "Convective Storm," (meaning thunderstorms or a complex of thunderstorms with wind speeds greater than 58 mph) a new deductible will apply amounting to 1% of the value, as of the date of the loss, of each location where physical damage occurred and for which a claim for loss is made. If a Convective Storm claim involves loss or damage at more than one insured location, the deductible amount will be calculated separately for each insured location suffering loss or damage and applied separately to the adjusted loss at each insured location.

"Convective Storm" means thunderstorms or a complex of thunderstorms with wind speeds greater than 58 mph as verified by the National Weather Service, including but not limited to other resulting weather phenomena such as tornadoes and hail, all regardless of any other cause or event arising from such Convective Storm.





## 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, 2024  
To: North McLean County Water District  
From: Temple Juett  
KACo Workers Compensation Fund  
Re: 2024-2025 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Worker's 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

2024-2025 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 8/1/2024, as well as the penalty that will apply if your premium is not paid in full by 12/31/2024.

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!

---

**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: WC2024-2313	
ITEM 3 -	Effective Date: Monday, July 1, 2024	Expiration Date: Tuesday, July 1, 2025
	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:	\$3,547.00
ITEM 7 -	Special Fund Tax:	\$232.00
ITEM 8 -	TOTAL PREMIUM:*	\$3,779.00
ITEM 9 -	Payment Options:	
	(1) Full payment by 8/1/2024. 1% discount applied = \$3,741.21	
	(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.	
	50% = \$1,889.51 Plus 3 monthly payments of \$629.83	

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

\* 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 29th day of May, 2024

  
Kris Dunn, Associate Director of Insurance

KACo  
Making Workers Comp Work in Kentucky

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive  
Frankfort, KY 40601  
Tel: 1-502-223-7667  
Fax: 1-502-234-5055

Invoice Number: W240560  
Invoice Date: 05/29/2024

Member Name and Address:

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

Member ID: 2313

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-2313	\$3,547.00
Special Fund Tax	\$232.00
Total Due	\$3,779.00

\* You may elect to use one of the following payment options:

- (1) Full payment by 8/1/2024. 1% discount applied = \$3,741.21  
or  
(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.  
50% = \$1,889.51 Plus 3 monthly payments of \$629.83

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

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund  
(800) 264-5226

For claims service please call:

(866) 367-5226

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. Monday, July 1, 2024, 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 A. Ayer  
Signature of Applicant

X Duffany Sallee  
Signature of Witness

Keith Ayer Chairman  
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, 2024.

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.