

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

*PROPERTY COVERAGE DECLARATIONS*

Name of Insured: Allen County Water District

Policy Number: P6078-2022-21792

Mailing Address: 330 New Gallatin Rd., Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from **7/1/2022** at 12:01a.m. Standard (or Daylight) time to **7/1/2023** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above.

In return for the payment of the contribution, and subject to all the terms of this certificate, KLCIS and the Trust agree with the above to provide the coverage as stated in the Declaration. Refer to the attached Property Coverage Document for details of coverage provided.

All Real & Personal Property per attached Statement of Values.

| <u><b>TYPE OF COVERAGE</b></u>             | <u><b>LIMIT OF COVERAGE</b></u> |  |
|--|---------------------------------|--|
| Building and Personal Property             | \$6,200,701                     | Per Occurrence   |
| Scheduled Equipment                        | \$198,440                       | Per Occurrence   |
| Fine Arts                                  | No Coverage                     | Per Occurrence   |
| Valuable Papers                            | \$500,000                       | Per Occurrence   |
| Flood                                      | \$5,000,000                     | Per Occurrence   |
| <b>(ZONES B,C, AND X ONLY)</b>             | \$50,000,000                    | Annual Aggregate for All Participating Members   |
| Earthquake                                 | \$60,000,000                    | Annual Aggregate for All Participating Members<br>See Earthquake endorsement for applicable limit for each region. |
| Terrorism Damage                           | \$6,399,141                     | Per Occurrence   |
| Business Income/Extra Expense/Rental Value | \$2,000,000                     | Per Occurrence   |
| Transportation                             | \$500,000                       | Per Conveyance / Per Occurrence  |

**Equipment Breakdown Protection Coverage Limits**

|  |              |   |
|--|--------------|---|
| Combined Property Damage, Business Income /<br>Extra Expense   | \$50,000,000 | Per Breakdown and annual aggregate for all<br>participating members |
| Utility Interruption   | \$2,000,000  | Per Breakdown   |
| Coverage applies only if the interruption of service lasts at least 24 consecutive hours, see deductible |              |   |
| Newly Acquired Locations<br>Number of Days Coverage  | \$1,000,000  | Per Breakdown<br>30 days  |
| Ordinance or Law   | \$100,000    | Per Breakdown   |
| Expediting Expenses  | \$2,500,000  | Per Breakdown   |
| Spoilage   | \$25,000     | Per Breakdown   |

**These following limits are part of, not in addition to, the Property Damage Limit Per Breakdown**

|                       |           |               |
|-----------------------|-----------|---------------|
| Water Damage          | \$100,000 | Per Breakdown |
| Hazardous Substances  | \$100,000 | Per Breakdown |
| Data and Media        | \$25,000  | Per Breakdown |
| Ammonia Contamination | \$25,000  | Per Breakdown |
| Consequential Loss    | \$25,000  | Per Breakdown |

**DEDUCTIBLES**

|   |  |
|---|--|
| Per Occurrence on All Perils Other Than Flood,<br>Earthquake unless otherwise stated. | \$1,000.00   |
| Per Occurrence for Earthquake   | \$25,000 or 2% of TIV's for each damaged location (whichever is greater) |
| Per Occurrence for Flood  | \$25,000   |
| Per Occurrence for Scheduled Equipment  | \$1,000.00   |
| Per Occurrence for Fine Arts  | No Coverage  |
| Per Occurrence for Valuable Papers  | \$250.00   |
| Business Income/Extra Expense/Rental Value  | 24 hours   |

**Equipment Breakdown Protection Deductibles**

|  |  |
|--|--|
| Damage to Covered Property (excluding electrical<br>transformers), Spoilage, Ammonia,<br>Contamination, Consequential Loss, Newly<br>Acquired Premises | \$1,000 per breakdown  |
| Damage to Electrical Transformers  | \$1.50 per KVA of all damaged transformers, or \$1,000, whichever is<br>greater, per breakdown |
| Business Income/ Extra Expense   | 24 hours deductible  |

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

**LIABILITY COVERAGE DECLARATIONS**

Name of Insured: Allen County Water District

Policy Number: L6078-2022-21791

Address: 330 New Gallatin Rd.  
Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from 7/1/2022 at 12:01a.m. Standard (or Daylight) time to 7/1/2023 at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

| <b>COVERAGE</b>                                | <b>LIMIT<br/>Per Occurrence</b> | <b>DEDUCTIBLE<br/>Per Occurrence</b> | <b>PREMIUM<br/>7/1/2022-7/1/2023<br/>Installment</b> |
|--|---------------------------------|--------------------------------------|--|
| Commercial General Liability                   | \$5,000,000                     | \$0                                  | \$6,623.25   |
| Garage Keepers Liability                       | No Coverage                     | No Coverage                          | No Coverage  |
| Public Officials Liability<br>Claims Made Form | \$5,000,000                     | \$2,500                              | \$2,472.00   |
| Law Enforcement Liability                      | No Coverage                     | No Coverage                          | No Coverage  |
| Sewer Backup Liability                         | No Coverage                     | No Coverage                          | No Coverage  |
| Business Auto Liability                        | \$2,000,000                     | \$0                                  | \$4,722.75   |
| Auto Physical Damage                           | Actual Cash Value               | See Vehicle Schedule                 | \$1,439.31   |
| <b>TOTAL PREMIUM</b>                           |                                 |                                      | <b>\$15,257.31</b>                                   |

**\*In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.**

|   |     |
|---|-----|
| <b>Your policy may contain premium adjustments for the following:</b> |     |
| Accredited Law Enforcement Agency                                     | 0%  |
| Loss Control, GL, PO and Auto Liability Review                        | -6% |
| Loss Control, LE Liability Review                                     | 0%  |

|   |          |
|---|----------|
| <b>PRIOR ACTS COVERAGE</b>  |          |
| <p><b>If a date or dates appear below, you are being provided with coverage for accidents or occurrences or wrongful acts, which pre-date your current coverage period. Coverage provided by the Prior Acts endorsement may have been part of an earlier policy issued to you by KLCIS. If so, no dates will appear below and no additional Prior Acts coverage is afforded by this policy.</b></p> |          |
| General Liability   |          |
| Public Officials Liability  |          |
| Employee Benefits Liability   | 7/1/2018 |
| Law Enforcement Liability   |          |

**Basic Coverage Forms: KLCIS-GL'2022, KLCIS-CMPO'2022, KLCIS-BA'2020, KLCIS-CMCyber'2022**

**Endorsements: KLCIS-DED'06, KLCIS-CMCyber'2022**

**COVERAGE SUBLIMITS**

For each of the coverages for which you paid a premium the following sublimits apply:

**GENERAL LIABILITY**

|                             |             |                |
|-----------------------------|-------------|----------------|
| Fire Damage Limit           | \$100,000   | Per Fire       |
| Medical Expense Limit       | \$5,000     | Per Person     |
| Employee Benefits Liability | \$5,000,000 | Per Occurrence |
| Hazardous Response Team     | \$5,000,000 | Per Occurrence |

**AUTOMOBILE LIABILITY**

|                                   |                        |              |
|-----------------------------------|------------------------|--------------|
| Personal Injury Protection        | \$10,000               | Per Person   |
| Uninsured Motorists               | \$100,000              | Per Accident |
| Underinsured Motorists            | \$100,000              | Per Accident |
| "Comprehensive", Collision Damage | (see vehicle schedule) |              |

**BUSINESS AUTOMOBILE POLICY DECLARATIONS**

**SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES**

Each of the coverages will apply only to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in the coverage document.

| COVERAGES  | COVERED AUTOS | LIMIT<br>(The most we will pay for any one accident or loss.)                               |                      |
|--|---------------|---|----------------------|
| Liability Coverage                                       | 1, 8, 9       | \$2,000,000   |                      |
| Personal Injury Protection                               | 5             | \$10,000  |                      |
| Uninsured Motorist/<br>Underinsured Motorist<br>Coverage | 2             | \$100,000   |                      |
| <b>PHYSICAL DAMAGE</b>                                   |               |   |                      |
|  |               | LIMIT   | DEDUCTIBLE           |
| Comprehensive Coverage                                   | 7, 8          | Actual Cash Value or<br>Cost of Repair,<br>whichever is less,<br>minus deductible<br>amount | See Vehicle Schedule |
| Collision  | 7, 8          |   | See Vehicle Schedule |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Name of Insured: Allen County Water District  
 Policy Number: L6078-2022-21791  
 Effective Date: 7/1/2022

**BREACH RESPONSE ENDORSEMENT**

In return for payment of the liability premium, and subject to all the terms of this policy, the company agrees with the Named Insured to provide the insurance as stated in this policy form.

| <b>First Party Loss</b>            | <b>Limit of Liability</b> | <b>Policy Aggregate Limit</b> | <b>Deductible</b>      |
|------------------------------------|---------------------------|-------------------------------|------------------------|
| Business Interruption Loss         | \$100,000 each claim      | \$100,000                     | 48 Hours Each Incident |
| Cyber Extortion Loss               | \$250,000 each claim      | \$250,000                     | \$50,000               |
| Data Recovery Loss                 | \$100,000 each claim      | \$100,000                     | \$50,000               |
| Reputational Loss                  | \$25,000 each claim       | \$25,000                      | \$5,000                |
| Breach Response                    | \$250,000 each claim      | \$250,000                     | \$50,000               |
| <b>Liability</b>                   |                           |                               |                        |
| Data and Network Liability         | \$1,000,000 each claim    | \$1,000,000                   | \$50,000               |
| Regulatory Defense and Penalties   | \$100,000 each claim      | \$100,000                     | \$50,000               |
| Payment Card Liabilities and Costs | \$100,000 each claim      | \$100,000                     | \$50,000               |
| Media Liability                    | \$1,000,000 each claim    | \$1,000,000                   | \$50,000               |
| <b>eCrime</b>                      |                           |                               |                        |
| Fraudulent Instruction             | \$25,000 each claim       | \$25,000                      | \$5,000                |
| Funds Transfer Fraud               | \$25,000 each claim       | \$25,000                      | \$5,000                |
| Telephone Fraud                    | \$25,000 each claim       | \$25,000                      | \$5,000                |
| Criminal Reward                    | \$10,000 each claim       |                               | \$0                    |

|  |             |
|--|-------------|
| Treaty Aggregate Limit for All Pool Participants:  | \$5,000,000 |
| The Breach Response aggregate of \$250,000 is in addition to the Treaty Aggregate Limit for All Pool Participants. |             |

**RETROACTIVE DATE:**

|  |          |
|--|----------|
| For Coverage Network and Information Security Liability Coverage | 7/1/2021 |
| For Electronic Media Liability Coverage                          | 7/1/2021 |

**NOTICES:**

Claim and Potential Claim Notices required to be provided to the Company under this policy shall be addressed to:

**KENTUCKY LEAGUE OF CITIES  
 INSURANCE SERVICES:**

100 East Vine Street, Suite 800  
 Lexington, KY 40507  
 Fax: (859) 977-0192  
 Phone: (800) 876-4552

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

**CRIME COVERAGE DECLARATIONS**

Name of Insured: Allen County Water District

Policy Number: P6078-2022-21792

Mailing Address: 330 New Gallatin Rd., Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from 7/1/2022 at 12:01a.m. Standard (or Daylight) time to 7/1/2023 at 12:01 a.m.  
Standard (or Daylight) time at the mailing address shown above.

Subject to all terms of this policy, KLCIS agrees to provide you with the coverages shown below for which a premium is shown and you pay to us.

| <b>COVERAGE</b>   | <b>LIMIT<br/>per occurrence</b> | <b>DEDUCTIBLE<br/>per occurrence</b> | <b>PREMIUM</b> |
|---|---------------------------------|--------------------------------------|----------------|
| Forgery or Alteration (Form B)                              | \$25,000                        | \$125                                | \$0.00         |
| Theft, Disappearance & Destruction (Form C) - Inside        | \$25,000                        | \$100                                | 0.00           |
| Theft, Disappearance & Destruction (Form C) - Outside       | \$25,000                        | \$100                                | 0.00           |
| Public Employee Dishonesty (Form O)                         | \$100,000                       | \$500                                | 0.00           |
| Money Orders & Counterfeit Paper Currency Coverage (Form R) | \$25,000                        | \$125                                | 0.00           |
| <b>TOTAL PREMIUM</b>  |                                 |                                      | <b>\$0.00</b>  |

BASIC COVERAGE FORMS

KLCIS-CGP-LSF'2018, KLCIS-FORG'2001, KLCIS-TDD'2001, KLCIS-PED'2001, KLCIS-MOCP'2001

ENDORSEMENTS

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

***PROPERTY COVERAGE DECLARATIONS***

Name of Insured: Allen County Water District

Policy Number: P6078-2023-23398

Mailing Address: 330 New Gallatin Rd., Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from 7/1/2023 at 12:01a.m. Standard (or Daylight) time to 7/1/2024 at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above.

In return for the payment of the contribution, and subject to all the terms of this certificate, KLCIS and the Trust agree with the above to provide the coverage as stated in the Declaration. Refer to the attached Property Coverage Document for details of coverage provided.

All Real & Personal Property per attached Statement of Values.

| <b><u>TYPE OF COVERAGE</u></b>             | <b><u>LIMIT OF COVERAGE</u></b> |  |
|--|---------------------------------|--|
| Building and Personal Property             | \$7,783,834                     | Per Occurrence   |
| Scheduled Equipment                        | \$349,063                       | Per Occurrence   |
| Fine Arts                                  | No Coverage                     | Per Occurrence   |
| Valuable Papers                            | \$500,000                       | Per Occurrence   |
| Flood                                      | \$5,000,000                     | Per Occurrence   |
| <b>(ZONES B,C, AND X ONLY)</b>             | <b>\$50,000,000</b>             | <b>Annual Aggregate for All Participating Members</b>  |
| Earthquake                                 | \$60,000,000                    | Annual Aggregate for All Participating Members<br>See Earthquake endorsement for applicable limit for each region. |
| Terrorism Damage                           | \$8,132,897                     | Per Occurrence   |
| Business Income/Extra Expense/Rental Value | \$2,000,000                     | Per Occurrence   |
| Transportation                             | \$500,000                       | Per Conveyance / Per Occurrence  |

**Equipment Breakdown Protection Coverage Limits**

|  |              |   |
|--|--------------|---|
| Combined Property Damage, Business Income /<br>Extra Expense   | \$50,000,000 | Per Breakdown and annual aggregate for all<br>participating members |
| Utility Interruption   | \$2,000,000  | Per Breakdown   |
| Coverage applies only if the interruption of service lasts at least 24 consecutive hours, see deductible |              |   |
| Newly Acquired Locations<br>Number of Days Coverage  | \$1,000,000  | Per Breakdown<br>30 days  |
| Ordinance or Law   | \$100,000    | Per Breakdown   |
| Expediting Expenses  | \$2,500,000  | Per Breakdown   |
| Spoilage   | \$25,000     | Per Breakdown   |

**These following limits are part of, not in addition to, the Property Damage Limit Per Breakdown**

|                       |           |               |
|-----------------------|-----------|---------------|
| Water Damage          | \$100,000 | Per Breakdown |
| Hazardous Substances  | \$100,000 | Per Breakdown |
| Data and Media        | \$25,000  | Per Breakdown |
| Ammonia Contamination | \$25,000  | Per Breakdown |
| Consequential Loss    | \$25,000  | Per Breakdown |

**DEDUCTIBLES**

|   |  |
|---|--|
| Per Occurrence on All Perils Other Than Flood,<br>Earthquake unless otherwise stated. | \$1,000.00   |
| Per Occurrence for Earthquake   | \$25,000 or 2% of TIV's for each damaged location (whichever is greater) |
| Per Occurrence for Flood  | \$25,000   |
| Per Occurrence for Scheduled Equipment  | \$1,000.00   |
| Per Occurrence for Fine Arts  | No Coverage  |
| Per Occurrence for Valuable Papers  | \$250.00   |
| Business Income/Extra Expense/Rental Value  | 24 hours   |

**Equipment Breakdown Protection Deductibles**

|  |  |
|--|--|
| Damage to Covered Property (excluding electrical<br>transformers), Spoilage, Ammonia,<br>Contamination, Consequential Loss, Newly<br>Acquired Premises | \$1,000 per breakdown  |
| Damage to Electrical Transformers  | \$1.50 per KVA of all damaged transformers, or \$1,000, whichever is<br>greater, per breakdown |
| Business Income/ Extra Expense   | 24 hours deductible  |

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

**LIABILITY COVERAGE DECLARATIONS**

Name of Insured: Allen County Water District

Policy Number: L6078-2023-23251

Address: 330 New Gallatin Rd.  
Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from **7/1/2023** at 12:01a.m. Standard (or Daylight) time to **7/1/2024** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

| <b>COVERAGE</b>                                | <b>LIMIT<br/>Per Occurrence</b> | <b>DEDUCTIBLE<br/>Per Occurrence</b> | <b>PREMIUM<br/>7/1/2023-7/1/2024<br/>Installment</b> |
|--|---------------------------------|--------------------------------------|--|
| Commercial General Liability                   | \$5,000,000                     | \$0                                  | \$7,138.66   |
| Garage Keepers Liability                       | No Coverage                     | No Coverage                          | No Coverage  |
| Public Officials Liability<br>Claims Made Form | \$5,000,000                     | \$2,500                              | \$2,580.93   |
| Law Enforcement Liability                      | No Coverage                     | No Coverage                          | No Coverage  |
| Sewer Backup Liability                         | No Coverage                     | No Coverage                          | No Coverage  |
| Business Auto Liability                        | \$2,000,000                     | \$0                                  | \$5,263.53   |
| Auto Physical Damage                           | Actual Cash Value               | See Vehicle Schedule                 | \$1,703.06   |
| <b>TOTAL PREMIUM</b>                           |                                 |                                      | <b>\$16,686.18</b>                                   |

**\*In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.**

|   |     |
|---|-----|
| <b>Your policy may contain premium adjustments for the following:</b> |     |
| Loss Control, GL Liability Review                                     | -3% |
| Loss Control, PO Liability Review                                     | -3% |
| Loss Control, Auto Liability Review                                   | -3% |

|  |          |
|--|----------|
| <b>PRIOR ACTS COVERAGE</b>   |          |
| <p>If a date or dates appear below, you are being provided with coverage for accidents or occurrences or wrongful acts, which pre-date your current coverage period. Coverage provided by the Prior Acts endorsement may have been part of an earlier policy issued to you by KLCIS. If so, no dates will appear below and no additional Prior Acts coverage is afforded by this policy.</p> |          |
| General Liability  |          |
| Public Officials Liability   |          |
| Employee Benefits Liability  | 7/1/2018 |
| Law Enforcement Liability  |          |

**Basic Coverage Forms: KLCIS-GL'2023, KLCIS-CMPO'2023, KLCIS-BA'2023, KLCIS-CM Cyber'2023**

**Endorsements: KLCIS-DED'06, KLCIS-POPRIORACTS'23, KLCIS-CM Cyber'2023**

**COVERAGE SUBLIMITS**

For each of the coverages for which you paid a premium the following sublimits apply:

**GENERAL LIABILITY**

|                             |             |                |
|-----------------------------|-------------|----------------|
| Fire Damage Limit           | \$100,000   | Per Fire       |
| Medical Expense Limit       | \$5,000     | Per Person     |
| Employee Benefits Liability | \$5,000,000 | Per Occurrence |
| Hazardous Response Team     | \$5,000,000 | Per Occurrence |

**AUTOMOBILE LIABILITY**

|                                   |                        |              |
|-----------------------------------|------------------------|--------------|
| Personal Injury Protection        | \$10,000               | Per Person   |
| Uninsured Motorists               | \$100,000              | Per Accident |
| Underinsured Motorists            | \$100,000              | Per Accident |
| "Comprehensive", Collision Damage | (see vehicle schedule) |              |

**BUSINESS AUTOMOBILE POLICY DECLARATIONS**

**SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES**

Each of the coverages will apply only to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in the coverage document.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| COVERAGES  | COVERED AUTOS | LIMIT   |                      |
|--|---------------|---|----------------------|
|  |               | (The most we will pay for any one accident or loss.)  |                      |
| Liability Coverage                                       | 1, 8, 9       |   | \$2,000,000          |
| Personal Injury Protection                               | 5             |   | \$10,000             |
| Uninsured Motorist/<br>Underinsured Motorist<br>Coverage | 2             |   | \$100,000            |
| <b>PHYSICAL DAMAGE</b>                                   |               |   |                      |
|  |               | LIMIT   | DEDUCTIBLE           |
| Comprehensive Coverage                                   | 7, 8          | Actual Cash Value or<br>Cost of Repair,<br>whichever is less,<br>minus deductible<br>amount | See Vehicle Schedule |
| Collision  | 7, 8          |   | See Vehicle Schedule |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Name of Insured: Allen County Water District  
 Policy Number: L6078-2023-23251  
 Effective Date: 7/1/2023  
 Expiration Date: 7/1/2024

**BREACH RESPONSE ENDORSEMENT**

In return for payment of the liability premium, and subject to all the terms of this policy, the company agrees with the Named Insured to provide the insurance as stated in this policy form.

Endorsement Aggregate Limit of Liability: \$1,000,000 for each member

| <b>First Party Loss</b>            | <b>Limit of Liability</b> | <b>Retention</b>       |
|------------------------------------|---------------------------|------------------------|
| Business Interruption Loss         | \$200,000 Aggregate       | \$50,000 each incident |
| Cyber Extortion Loss               | \$500,000 Aggregate       | \$50,000 each incident |
| Data Recovery Loss                 | \$200,000 Aggregate       | \$50,000 each incident |
| Reputational Loss                  | \$50,000 Aggregate        | \$5,000 each incident  |
| Breach Response                    | \$250,000 Aggregate       | \$50,000 each incident |
| <b>Liability</b>                   |                           |                        |
| Data and Network Liability         | \$1,000,000 Aggregate     | \$50,000 each claim    |
| Regulatory Defense and Penalties   | \$200,000 Aggregate       | \$50,000 each claim    |
| Payment Card Liabilities and Costs | \$200,000 Aggregate       | \$50,000 each claim    |
| Media Liability                    | \$1,000,000 Aggregate     | \$50,000 each claim    |
| <b>eCrime</b>                      |                           |                        |
| Fraudulent Instruction             | \$50,000 Aggregate        | \$5,000 each loss      |
| Funds Transfer Fraud               | \$50,000 Aggregate        | \$5,000 each loss      |
| Telephone Fraud                    | \$50,000 Aggregate        | \$5,000 each loss      |
| Criminal Reward                    | \$20,000 Aggregate        | \$0                    |

The Breach Response aggregate of \$250,000 is in addition to the Endorsement Aggregate Limit of Liability for each member.

**NOTICES:**

Claim and Potential Claim Notices required to be provided to the Company under this policy shall be addressed to:

**KENTUCKY LEAGUE OF CITIES****INSURANCE SERVICES:**

100 East Vine Street, Suite 800  
 Lexington, KY 40507  
 Fax: (859) 977-0192  
 Phone: (800) 876-4552

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
(KLCIS)**

**CRIME COVERAGE DECLARATIONS**

Name of Insured: Allen County Water District

Policy Number: P6078-2023-23398

Mailing Address: 330 New Gallatin Rd., Scottsville, Kentucky 42164

Agent of Record: Charles M Moore Insurance Agency, Inc.

Coverage Period: from 7/1/2023 at 12:01a.m. Standard (or Daylight) time to 7/1/2024 at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above.

Subject to all terms of this policy, KLCIS agrees to provide you with the coverages shown below for which a premium is shown and you pay to us.

| <b>COVERAGE</b>   | <b>LIMIT<br/>per occurrence</b> | <b>DEDUCTIBLE<br/>per occurrence</b> | <b>PREMIUM</b> |
|---|---------------------------------|--------------------------------------|----------------|
| Forgery or Alteration (Form B)                              | \$25,000                        | \$125                                | \$0.00         |
| Theft, Disappearance & Destruction (Form C) - Inside        | \$25,000                        | \$100                                | 0.00           |
| Theft, Disappearance & Destruction (Form C) - Outside       | \$25,000                        | \$100                                | 0.00           |
| Public Employee Dishonesty (Form 0)                         | \$100,000                       | \$500                                | 0.00           |
| Money Orders & Counterfeit Paper Currency Coverage (Form R) | \$25,000                        | \$125                                | 0.00           |
| <b>TOTAL PREMIUM</b>  |                                 |                                      | <b>\$0.00</b>  |

BASIC COVERAGE FORMS

KLCIS-CGP-LSF'2023, KLCIS-FORG'2001, KLCIS-TDD'2001, KLCIS-PED'2001, KLCIS-MOCP'2001

ENDORSEMENTS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |                       |               |
|---|---|-----------------------|---------------|
| <b>PRODUCER</b><br>Glasgow Insurance Agency<br>318 South Green Street<br>Glasgow, KY 42141        | <b>CONTACT NAME:</b> Chase Dile<br><b>PHONE (A/C, No, Ext):</b><br><b>E-MAIL ADDRESS:</b> | <b>FAX (A/C, No):</b> |               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                       | <b>NAIC #</b> |
| <b>INSURED</b><br>Allen County Water District<br>330 New Gallatin Rd<br>Scottsville, KY 421648727 | <b>INSURER A:</b> Cincinnati Casualty   |                       | 28665         |
|   | <b>INSURER B:</b> ClearPath Mutual  |                       | A0642         |
|   | <b>INSURER C:</b> Cincinnati Insurance Company  |                       | CIN001        |
|   | <b>INSURER D:</b>   |                       |               |
|   | <b>INSURER E:</b>   |                       |               |
| <b>INSURER F:</b>   |   |                       |               |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | ETD 0719005   | 07/01/2024              | 07/01/2025              | EACH OCCURRENCE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 500,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)  | \$ 10,000    |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE   | \$ 3,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMPI/OP AGG   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           | Y         |          | ETD 0719005   | 07/01/2024              | 07/01/2025              | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   | Y         |          | ETD 0719005   | 07/01/2024              | 07/01/2025              | EACH OCCURRENCE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | AGGREGATE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | WC11079989    | 07/01/2024              | 07/01/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT  | \$           |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$           |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$           |
| C        | Management Liability   |           |          | EMN0719236    | 07/01/2024              | 07/01/2027              | Agggregate  | 1,000,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**                      **CANCELLATION**

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                           | <b>AUTHORIZED REPRESENTATIVE</b><br><br>                                  |

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**COMPANY:** Clearpath Insurance Company  
**NCCI#:** 36609

**POLICY NUMBER:** WC11079989

**RENEWAL OF:** NEW

**NAMED INSURED AND MAILING ADDRESS:**

1. ALLEN COUNTY WATER DISTRICT (ACWD)  
330 NEW GALLATIN RD  
SCOTTSVILLE, KY 42164

**AGENCY NAME AND ADDRESS:**

3007-BAS GLASGOW INSURANCE AGENCY INC  
318 S GREEN ST  
GLASGOW, KY 42142  
(270) 651-8824

**FORM OF NAMED INSURED'S BUSINESS:** Corporation

**FEDERAL ID NUMBER:** 61-0997995

**OTHER WORKPLACES NOT SHOWN ABOVE:**

See Other Workplaces Schedule

2. Policy Period: 07/01/2024 to 07/01/2025 at 12:01 A.M. Standard Time at your mailing address shown above.

3. Coverage:

A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here:  
Kentucky

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The Limits of our liability under Part Two are:

Bodily Injury by Accident: \$1,000,000 Each Accident  
Bodily Injury by Disease: \$1,000,000 Policy Limit  
Bodily Injury by Disease: \$1,000,000 Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
All states other than those listed in 3.A. and North Dakota, Ohio, Washington, and Wyoming.

4. Premium: \*\*\* SEE EXTENSION OF INFORMATION PAGE \*\*\*

|  |                |
|--|----------------|
| <b>Sub-Total Estimated Premiums:</b>     | <b>\$5,340</b> |
| <b>Sub-Total Assessments/Surcharges:</b> | <b>\$349</b>   |
| <b>Total Estimated Cost:</b>             | <b>\$5,689</b> |
| <b>Minimum Premium:</b>                  | <b>\$500</b>   |
| <b>Deposit Premium:</b>                  | <b>\$5,689</b> |



Countersigned: \_\_\_\_\_  
(Authorized Representative) (Date)

**NOTICES TO POLICYHOLDERS**

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|          |        |   |
|----------|--------|---|
| ILMS0003 | (0720) | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders   |
| ILMS0016 | (0521) | Customer Privacy Notice   |
| ILMS0018 | (0122) | Important Policyholder Information Concerning Billing and Policy Fees   |
| ILMS006  | (0115) | Disclosure Notice of Terrorism Insurance Coverage   |
| ILMS019  | (1119) | Understanding the Audit Process Could Save You Money  |
| ILN001   | (0903) | Fraud Statement   |
| WCKY0001 | (0123) | Notice of Election to Accept an Insurance Deductible  |
| WCMS0001 | (0121) | Policyholder Disclosure Notice Of Terrorism Insurance Coverage  |
| WCMS002  | (1216) | Audit Noncompliance Charge Advisory Notice to Policyholders<br>Kentucky Workers' Compensation Posting Notice (Spanish Version)<br>Kentucky Workers' Compensation Posting Notice |

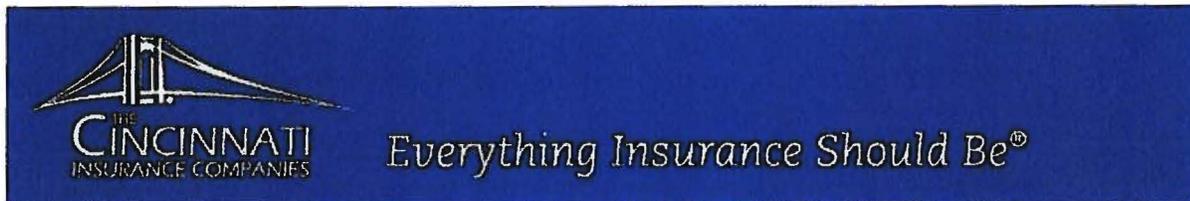
**COMMERCIAL WORKERS COMPENSATION FORM SCHEDULE  
FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE**

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|           |        |   |
|-----------|--------|---|
| WC000000C | (0115) | Workers Compensation and Employers Liability Insurance Policy   |
| WC000404  | (0484) | Pending Rate Change Endorsement<br>State: KY  |
| WC000406  | (0884) | Premium Discount Endorsement<br>State: KY<br>First \$5,000: None<br>Next \$95,000: 10.9%<br>Next \$400,000: 12.6%<br>Over \$500,000: 14.4%            |
| WC000414A | (0119) | 90-Day Reporting Requirement-Notification of Change in Ownership Endorsement  |
| WC000419A | (0822) | Premium Amendatory Endorsement  |
| WC000421F | (0822) | Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement  |
| WC000422C | (0121) | Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement   |
| WC000424  | (0117) | Audit Noncompliance Charge Endorsement<br>State: KY<br>Basis of Noncompliant Charge: Estimated annual premium<br>Noncompliant Charge Multiplier: 2.00 |
| WC160305  | (0607) | Kentucky Part One Workers Compensation Insurance Endorsement  |
| WC160601  | (1297) | Kentucky Cancelation and Nonrenewal Endorsement   |
| WC160602  | (1099) | Kentucky Notice of Appeal Rights Endorsement  |
| WC000412  | (0190) | Contingent Experience Rating Modification Factor Endorsement  |



Subject **Your Billing Statement is Now Available**  
From Cincinnati Insurance Companies <onlineservice@cinfin.com>  
To <acwd@nctc.com>  
Date 2025-03-11 8:58 pm



### Billing Notification

**Your new Billing Statement is Available**

|             |         |    |               |         |
|-------------|---------|----|---------------|---------|
| Date Rec'd  | 3-13-25 | AK | Code          | 1059    |
| Checked     | 116767  |    | Mailed        | 3-26-25 |
| Office Mgr. |         |    | District Mgr. |         |

Your new billing statement is available online at [cinfin.com](http://cinfin.com).

| Your Payment Details           |   |
|--------------------------------|---|
| Amount Due:                    | \$2,599.00  |
| Due Date*:                     | 4/1/2025  |
| Billing Account Number Ending: | 5661  |
| Payor Name and Address:        | ALLEN COUNTY WATER DISTRICT / ALLEN COUNTY WATER DISTRICT<br>330 NEW GALLATIN RD<br>SCOTTSVILLE KY 42164-4872 |

Pay or View Bill

Thank you for trusting Glasgow Insurance LLC and The Cincinnati Insurance Companies with your insurance needs.

**Questions? We can help:**





**HARFORD MUTUAL**  
INSURANCE GROUP

**Policy #:** WC11079989  
**Issued to:** ALLEN COUNTY WATER DISTRICT (ACWD)  
330 NEW GALLATIN RD  
SCOTTSVILLE, KY 42164

**Agent:** Glasgow Insurance Agency Inc  
**Phone #:** (270) 651-8824

Thank you for placing your insurance coverage with Harford Mutual. Your business is very important to us. We are committed to providing you with quality service and a quality product. Please examine the attached policy carefully to make sure that we are providing the coverages you have requested. If you have any questions regarding policy coverages or need to make any changes, please contact your Agent listed above. If you have any billing questions, please contact Accounting Department Customer Service at the phone number listed below.

|  |                       |
|--|-----------------------|
| Type of Policy:                            | Workers' Compensation |
| Billing:                                   | Direct Bill           |
| Annual Premium:                            | \$5,689               |
| Billing Account Number:                    | 407435                |
| Payment Plan:                              | 1 Pay                 |
| Accounting Department<br>Customer Service: | (866) 377-1896        |
| Policy Period:                             | 7/1/2024 to 7/1/2025  |

**\*\*IMPORTANT BILLING INFORMATION\*\***

Please note that this document is not your premium statement. Your agent has selected Harford Mutual to bill you directly for the periodic premium payments due for some or perhaps all your insurance policies. Your premium statement will be mailed to you from Harford Mutual. The premium statement is the only invoice that you will receive for these policies. You will receive one combined easy-to-read statement for the various policies your agent has selected for this plan.

