

# CERTIFICATE OF INSURANCE

DATE  
5/14/2025

## PRODUCER

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES  
100 E. VINE STREET, SUITE 800  
LEXINGTON, KY 40507-3700

PHONE: (859)-977-3700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

## INSURED

Graves County Water District  
301 East Broadway  
Mayfield, KY 42066

COMPANY KENTUCKY LEAGUE OF CITIES INSURANCE  
A SERVICES

COMPANY  
B

ATTN: Belva Wilkerson

## COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> PUBLIC OFFICIALS <input type="checkbox"/> LAW ENFORCEMENT	L6024-2024-25589	8/29/2024	7/1/2025	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 3,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	L6024-2024-25589	8/29/2024	7/1/2025	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
A	<b>CRIME LIABILITY</b> <input type="checkbox"/> FORGERY OR ALTERATION <input checked="" type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input type="checkbox"/> PUBLIC EMPLOYEE DISHONESTY <input type="checkbox"/> MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE	P6024-2024-25590	8/29/2024	7/1/2025	LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	\$ 25,000
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	\$ 100
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	\$ 25,000
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCLUDED <input type="checkbox"/> EXCLUDED				LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
A	<b>PHYSICAL DAMAGE</b> <b>PUBLIC OFFICIALS</b>	L6024-2024-25589	8/29/2024	7/1/2025	LIMIT	\$ 3,000,000
					LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

KY Public Service Commission  
PO Box 615  
Frankfort, KY 40602

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Suzanne Reed*