TSTOBAUGH

5,000,000

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/30/2024

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).

| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: | | | | |
|-----------------------------|-------------------------|---|--------------------|--|--|--|
| | | INSURER F: | | | | |
| Benton, KY 42 | , | INSURER E : | | | | |
| 96 Carroll Roa | | INSURER D : | | | | |
| North Marshal | Water District | INSURER C: | | | | |
| INSURED | | INSURER B : | | | | |
| | | INSURER A : Kentucky Association of Counties, Inc | | | | |
| | | INSURER(S) AFFORDI | NG COVERAGE NAIC # | | | |
| Benton, KY 42025 | | EMAIL ADORESS: will.lowe@hubinternational.com | | | | |
| West - Peel & Holland - Hub | International Mid-South | PHONE (A/C, No, Ext): | FAX (A/C, No): | | | |
| PRODUCER | | CONTACT Will Lowe | | | | |

COVERAGES CERTIFICATE 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 CLAHMS. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE **POLICY NUMBER** 3,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) 7/1/2023 7/1/2024 CLAIMS-MADE X OCCUR 3323 S MED EXP (Any one person) PERSONAL & ADV INJURY

\$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG | \$ X POLICY OTHER COMBINED SINGLE LIMIT (Ea accident) 3,000,000 A AUTOMOBILE LIABILITY 3323 7/1/2023 7/1/2024 BODILY INJURY (Per person) X ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIREO AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE S **AGGREGATE** DED **RETENTION \$** PER STATUTE OTH-ER A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 7/1/2023 17/1/2024 WC20233197 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT S N N/A E.L. DISEASE - EA EMPLOYEE S If yes, describe under DESCRIPTION OF OPERATIONS below 2,500,000 E.L. DISEASE - POLICY LIMIT

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

CANCELLATION **CERTIFICATE HOLDER**

> **North Marshall Water District** Office Copy 96 Carroll Rd Brenton, KY 42025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

TSTOBAUGH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2024

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

| PRODUCER West - Peel & Holland - Hub International Mid-South 1120 Main Street | | | | | CONTACT Will Lowe PHONE (A/C, No, Ext): (A/C, No): | | | | | | | |
|---|--|----------------------|---------------------------------------|-------------------------|---|--|----------------------------------|-----------------------------|--|---|-------|------------|
| | | | | | | | | | | | Ben | ton, |
| | | | | | | | | INS | URER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | | | | INSURER A | :Kentuc | ky Associa | tion of Counties, Inc | | |
| INSURED | | | | | | INSURER B: | | | | | | |
| North Marshall Water District | | | | | | INSURER C: | | | | | | |
| | | 96 Carroll R | | | | | INSURER D : | | | | | |
| | | Benton, KY | 42025 | | | | INSURER E: | | | | | |
| | | | | | | | INSURER F | : | | | | |
| CO | VER | AGES | CEI | RTIFIC | ATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN CE | DIC/ ERTI | ATED. NOTWITHS | STANDING ANY I | REQUII PERT POLIC | REMI TAIN, CIES. | SURANCE LISTED BELOW! ENT, TERM OR CONDITIO! THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | N OF ANY DED BY T BEEN RED | CONTRACT HE POLICE OUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS. | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| INSR LTR | | TYPE OF INSU | JRANCE | ADDL INSD | SUBR | POLICY NUMBER | POM | OLICY EFF | POLICY EXP | LIMIT | s | |
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | 1000 | | | EACH OCCURRENCE | \$ | 3,000,000 |
| | | CLAIMS-MADE | X OCCUR | | | 3323 | 7 | 7/1/2024 | 7/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| 9 | | | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GE | N'L AGGREGATE LIMIT | APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 5,000,000 |
| | POLICY PRO- LOC | | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | | OTHER | | | | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 3,000,000 |
| | X | ANY AUTO | COMEDINED | | | 3323 | 7 | 7/1/2024 | 7/1/2025 | BODILY INJURY (Per person) | \$ | |
| 0 | | OWNED AUTOS ONLY | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| 27.7 | | UMBRELLA LIAB | OCCUR | | _ | 10000000 | | | | EACH COCUPERIOR | 3 | |
| | | EXCESS LIAB | CLAIMS-MAD | | | | | | 2 | EACH OCCURRENCE | 3 | |
| | | | - | 1 | | | | | | AGGREGATE | \$ | |
| A | WORKERS COMPENSATION | | | | | | | | X PER OTH- | * | | |
| | | PROPRIETOR/PARTNE | · · · · · · · · · · · · · · · · · · · | | | WC2024-3197 | 7 | 7/1/2024 | 7/1/2025 | E.L. EACH ACCIDENT | s | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mendatory in MH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | 2.5 | 2,500,000 |
| | DEG | ORI HONOF OF EIGH | IONO DEIGH | | | | | | | L.L. DIOCHUL - OLIO I LIMIT | • | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DESC | RIPT | TION OF OPERATIONS A | / LOCATIONS / VEHI | CLES (A | CORE |) 101, Additional Remarks Schedu | ile, may be at | tached if mor | e space is requir | ed) | | |
| CEF | RTIF | ICATE HOLDER | | | | | CANCEL | LATION | | | | |
| | | | | | | | | D 4407 OF 3 | NIE 400/E 0 | ESCRIBEN DOI ICIES RE C | **** | ED DECODE |

North Marshall Water District Office Copy 96 Carroll Rd Brenton, KY 42025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE