

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 K240516
Invoice Date 05/30/2024
Due Date 08/01/2024

Insured Name and Address**Member Number** 0071

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Contact(s)

| <u>First Name</u> | <u>Last Name</u> | <u>Title</u> | <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |
|-------------------|------------------|--------------|------------------|---------------|----------------------------|
| Sherri | Greene | Manager | (606)683-6363 | (606)683-9917 | bathcowater@roadrunner.com |

Invoice Detail

| <u>Effective Date</u> | <u>Description</u> | <u>Premium</u> | <u>Amount Due</u> |
|-----------------------|---|------------------|--------------------|
| 07/01/2024 | Addition of 2024 Ford F150 (6464) valued at \$42,411 (after pricing released) | \$1,458.00 | \$1,458.00 |
| 07/01/2024 | Annual Premium for 2024-2025 Policy Renewal | \$32,259.00 | \$32,259.00 |
| | | Total Due | \$33,717.00 |

Payment Options:

- Option 1: Save 1%; pay \$33,379.83 by due date
Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$16,858.50 plus 3 monthly payments of \$5,619.50

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&C0071

Insured Name and Address

Bath County Water District
PO Box 369
Salt Lick, KY 40371

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) | 1,000,000 | 5,000,000 | 0 |
| Law Enforcement (Per OCC/AGG) | NCD | NCD | NCD |
| Errors/Omissions (Per OCC/AGG) | 3,000,000 | 3,000,000 | 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 | 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



Date 5/30/2024

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------|-------------------|
| 2014 | Dodge/Ram | 3C6JR7DT3EG252035 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|-----------------------------------|-------------------|
| 2021 | Chevrolet/Silverado MD W/ dump | 1HTKJPVK4MH615122 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|--------------------------|-------------------|
| 2021 | Chevrolet/Silverado 1500 | 1GCRYAEF8MZZ14299 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------|-------------------|
| 2014 | Dodge/1500 | 3C6JR7DT5EG252036 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|---------------------|-------------------|
| 2021 | Chevrolet/Silverado | 1GB3YSE78NF291072 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------------|-----------|----------|
| P&C0071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------------------|--------------------|
| 1998 | Tandem/Utility Trailer | 14MJUB1620WE017899 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------|-----------|----------|
| 20071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------|-------------------|
| 2017 | Ford/F150 | 1FTEW1EF4HKD01409 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
34th County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------|-----------|----------|
| 20071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------------------------|-------------------|
| 2018 | Gator Made/Equipment Trailer | 4Z1HD1828JS040297 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
34th County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

| POLICY # | EFFECTIVE | EXPIRES |
|--------------|-----------|----------|
| 20071 | 7/1/2024 | 7/1/2025 |

| YEAR | MAKE/MODEL | VEHICLE NUMBER |
|------|------------|-------------------|
| 2014 | Ford/F150 | 1FTFX1L51RKD86464 |

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601

ISSUED TO
34th County Water District

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: W240202
Invoice Date: 05/29/2024

Member Name and Address:

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Member ID: 0792

| Item | Amount |
|---|-------------------|
| Workers Compensation Insurance Premium - Policy WC2024-0792 | \$7,838.00 |
| Special Fund Tax | \$512.00 |
| Total Due | \$8,350.00 |

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

(1) Full payment by 8/1/2024. 1% discount applied = \$8,266.50

or

(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.

50% = \$4,174.99 Plus 3 monthly payments of \$1,391.67

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

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

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: | |
| | Bath County Water District PO Box 369 Salt Lick, KY 40371 | |
| ITEM 2 - | Certificate Number: WC2024-0792 | |
| 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: | \$7,838.00 |
| ITEM 7 - | Special Fund Tax: | \$512.00 |
| ITEM 8 - | TOTAL PREMIUM:* | \$8,350.00 |
| ITEM 9 - | Payment Options: | |
| | (1) Full payment by 8/1/2024. 1% discount applied = \$8,266.50 | |
| | (2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance. | |
| | 50% = \$4,174.99 Plus 3 monthly payments of \$1,391.67 | |

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

* 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

KACo Workers Compensation Fund - Payroll Audit

Member Name: Bath County Water District
Member #: 0792
Policy Number: WC2023-0792
Policy Period: 7/1/2023 - 7/1/2024

Coverage administered under: KACo Workers Compensation
In the State of: KY

| Class | Class Description | Coverage | Estimated Payroll | Estimated Premium | Actual Payroll | Actual Premium |
|-------|---------------------------------|----------|-------------------|-------------------|----------------|----------------|
| 7520 | Waterworks operations & drivers | 3.59 | \$230,000 | \$8,257.00 | \$242,279 | \$8,697.82 |
| 8810 | Clerical office employees | 0.25 | \$113,000 | \$282.50 | \$132,201 | \$330.50 |

| | | | |
|----------------------|--------|------------|------------|
| Subtotal for Classes | | \$8,539.50 | \$9,028.32 |
| Prorata Adjustment | 1.0000 | 8,540.00 | 9,028.00 |
| Experience Modifier | 0.9100 | (769.00) | (813.00) |
| Schedule Credits | 0.9600 | (311.00) | (329.00) |
| Premium Discounts: | | 0.00 | 0.00 |
| Premium Subtotal | | 7,460.00 | 7,886.00 |
| Minimum Premium | | 350.00 | 350.00 |
| Tax Fund | | 518.00 | 547.00 |
| Total Annual Premium | | \$7,978.00 | \$8,433.00 |

Invoice Number: P230454
Invoice Date: 10/10/2024
Invoice Due Date: 02/28/2025

Please remit payment with a copy of this invoice to:

KACO Workers Compensation
400 Englewood Drive
Frankfort, KY 40601

Additional Premium Due \$455.00

Please note: Effective March 1, 2025, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5% (minimum \$5 charge). To make certain no interest is charged, be sure to make full payment visibly postmarked no later than February 28, 2025.

* If you have any questions, please call 1-800-264-5226



Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

www.kaco.org

MEMORANDUM

DATE: October 10, 2024
TO: Bath County Water District
FROM: Customer Service Representative Team
RE: Workers Compensation Payroll Audit – 2023-2024 Policy Period

Thank you for your returned payroll audit submission. Enclosed is an invoice that reflects additional premium due as a result of that submission.

Please remit payment to the following address:

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

Payment is due by February 28, 2025. Any outstanding balance after that point will accrue a compounding monthly interest charge of 0.5% (minimum \$5 charge). To make certain no interest is charged, be sure to make full payment visibly postmarked no later than February 28, 2025.

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

Agent:

- ITEM 1 -** Name and Address of Insured:
Bath County Water District
PO Box 369
Salt Lick, KY 40371
- ITEM 2 -** Certificate Number: WC2024-0792
- 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

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 20th day of May, 2025


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: W250341
Invoice Date: 05/28/2025

Member Name and Address:

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Member ID: 0792

| Item | Amount |
|--|-------------------|
| Workers' Compensation Insurance Premium - Policy WC2025-0792 | \$7,720.00 |
| Special Fund Tax | \$427.00 |
| Total Due | \$8,147.00 |

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

(1) Full payment by 8/1/2025. 1% discount applied = \$8,065.53
or

(2) 50% payment by 8/1/2025 and 3 subsequent equal monthly pmts. on balance.
50% = \$4,073.51 Plus 3 monthly payments of \$1,357.83

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

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

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:
Bath County Water District
PO Box 369
Salt Lick, KY 40371
- ITEM 2 -** Certificate Number: WC2025-0792
- 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: \$7,720.00
- ITEM 7 -** Special Fund Tax: \$427.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$8,147.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2025. 1% discount applied = \$8,065.53
(2) 50% payment by 8/1/2025 and 3 subsequent equal monthly pmts. on balance.
50% = \$4,073.51 Plus 3 monthly payments of \$1,357.83

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



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 K250528
Invoice Date 05/29/2025
Due Date 08/01/2025

Insured Name and Address**Member Number** 0071

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Contact(s)

| <u>First Name</u> | <u>Last Name</u> | <u>Title</u> | <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |
|-------------------|------------------|--------------|------------------|---------------|----------------------------|
| Christy | Crech | Manager | (606)683-6363 | (606)683-9917 | bathcowater@roadrunner.com |

Invoice Detail

| <u>Effective Date</u> | <u>Description</u> | <u>Premium</u> | <u>Amount Due</u> |
|-----------------------|---|------------------|--------------------|
| 07/01/2025 | Annual Premium for 2025-2026 Policy Renewal | \$35,097.00 | \$35,097.00 |
| | | Total Due | \$35,097.00 |

Payment Options:

- Option 1: Save 1%; pay \$34,746.03 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$17,548.50 plus 3 monthly payments of \$5,849.50

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&C0071

Insured Name and Address

Bath County Water District

PO Box 369

Salt Lick, KY 40371

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) | 1,000,000 | 5,000,000 | 0 |
| Law Enforcement (Per OCC/AGG) | NCD | NCD | NCD |
| Errors/Omissions (Per OCC/AGG) | 3,000,000 | 3,000,000 | 1,000 |
| Employment Practices (Per claim / AGG) | 3,000,000 | 3,000,000 | 1,000 |
| Retroactive Date: 07/01/2003 | | | |
| Cyber Liability (Per claim / AGG) | See Policy | See Policy | 2,500 |
| Retroactive Date: 07/01/2015 | | | |
| 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 | 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