

Owners

INSURANCE COMPANY 18147
6101 ANACAPRI BLVD, LANSING, MI 48917-3968
517-323-1321

WORKERS COMPENSATION & EMPLOYERS LIABILITY
INFORMATION PAGE

AGENCY HART INSURANCE AGENCY INC
14-0096-00 MKT TERR 039 (606) 365-2616

Endorsement Effective 12-09-2024

POLICY NUMBER A106-566-927

INSURED MCKINNEY WATER DISTRICT

Company Use 52-17-KY-1224

ADDRESS PO BOX 7
MC KINNEY, KY 40448-0007

Company
Bill

POLICY PERIOD

12:01 A.M. to 12:01 A.M.
12-09-2024 to 12-09-2025

ITEM 1. INSURED: MCKINNEY WATER DISTRICT
2900 KY HIGHWAY 198
MCKINNEY, KY 40448

INSURED IS: Governmental

ITEM 2. POLICY PERIOD: 12-09-2024 (12:01 A.M.) to 12-09-2025 (12:01 A.M.)
(Based on the insured's address shown in Item 1.)

ITEM 3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to Workers Compensation Law of the states listed here: KY

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	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states (Ohio, Washington, Wyoming & North Dakota), Puerto Rico, the U.S. Virgin Islands, and the states designated in ITEM 3.A. of the Information Page.

ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
		CLASS CODE	ESTIMATED ANNUAL REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE OF KENTUCKY					
See LOC NUM 001	DESC 000				
WATERWORKS OPERATION & DRIVERS		7520	192,423	1.80	3,464
See LOC NUM 001	DESC 001				
CLERICAL OFFICE EMPLOYEES NOC		8810	107,761	0.11	119
KENTUCKY PREMIUM SUMMARY					
TOTAL					3,583
Price Point Rating Factor				527-	3,056
3% Schedule Debit Kentucky				92	3,148
Premium Discount				122-	3,026
TOTAL STATE ESTIMATED ANNUAL PREMIUM					3,026



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INSURED MCKINNEY WATER DISTRICT

ADDRESS PO BOX 7
MC KINNEY, KY 40448-0007

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27777 (10-88)
Issued 01-24-2025

WORKERS COMPENSATION & EMPLOYERS LIABILITY
INFORMATION PAGE

Final Audit Effective 12-09-2024

POLICY NUMBER A106-566-927

Company Use 52-17-KY-1223

Company Bill

POLICY PERIOD
12:01 A.M. 12:01 A.M.
12-09-2023 to 12-09-2024

- ITEM 1. INSURED: MCKINNEY WATER DISTRICT
2900 KY HIGHWAY 198
MCKINNEY, KY 40448

INSURED IS: Governmental
- ITEM 2. POLICY PERIOD: 12-09-2023 (12:01 A.M.) to 12-09-2024 (12:01 A.M.)
(Based on the insured's address shown in Item 1.)
- ITEM 3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to Workers Compensation Law of the states listed here: KY

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 \$100,000 Each Accident

Bodily Injury by Disease \$100,000 Each Employee

Bodily Injury by Disease \$500,000 Policy Limit

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states (Ohio, Washington, Wyoming & North Dakota), Puerto Rico, the U.S. Virgin Islands, and the states designated in ITEM 3.A. of the Information Page.
- ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
		CLASS CODE	REMUNERATION	RATE PER \$100	PREMIUM
STATE OF KENTUCKY					
See LOC NUM 001	DESC 000				
WATERWORKS OPERATION & DRIVERS		7520	215,173	1.75	3,766
See LOC NUM 001					
	DESC 001				
CLERICAL OFFICE EMPLOYEES NOC		8810	97,880	0.10	98
KENTUCKY PREMIUM SUMMARY					
TOTAL					3,864
Price Point Rating Factor				502-	3,362
3% Schedule Debit Kentucky				101	3,463
Premium Discount				147-	3,316
TOTAL STATE EARNED PREMIUM					3,316



OWNERS INS. CO.

AGENCY HART INSURANCE AGENCY INC
14-0096-00MKT TERR 039

INSURED MCKINNEY WATER DISTRICT

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Company Bill

POLICY NUMBER
Company Use

27777 (10-88)
Issued 01-24-2025
A106-566-927
52-17-KY-1223
Term 12-09-2023 to 12-09-2024

POLICY PREMIUM SUMMARY			
	4% Cumulative Multi-Policy Discount	133-	3,183
	Expense Constant	240	3,423
	Terrorism - See Form 27317	25	3,448
	Catastrophe (other than Certified Acts of Terrorism)	50	3,498
	See Form 27322		
	Paid In Full Discount	293-	3,205
	6.94% KY Special Fund Assessment Surcharge	222	3,427
	TOTAL EARNED PREMIUM		3,427
	TOTAL PREVIOUS BILLINGS		3,125
	ADDITIONAL PREMIUM		302

FEDERAL ID:610662723

COUNTY:137

MINIMUM PREMIUM:\$538 KENTUCKY

KY NUMBER OF EMPLOYEES:11

AUDIT IS:PHYSICAL AUDIT

A 4% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):
Comm Umb() Comm Prop/Comm Liab(X) Comm Auto() Life() Personal() Farm().

Paid in Full Discount applies.

The Paid in Full Discount does not apply to fixed expense fees, statutory charges or minimum premiums.

The Paid in Full Discount is based on favorable loss experience for the collective group of policyholders who choose to pay their premium in full directly to the company.

ENDORSEMENTS:

27411 (01-13)
27390 (07-12)
27942 (01-19) (WC000414A)
14019 (09-20)
27962 (10-07)A

59270 (02-97)
27395 (10-14)A(WC000000C)
27646 (04-21) (WC000406)
27322 (08-22) (WC000421F)
27963 (10-07)A

27320 (03-06)A
27539 (08-17)
27317 (01-21) (WC000422C)
27279 (08-22) (WC000419A)
27964 (10-07)A

AUDITED TERM:

FROM 12-09-2023 TO 12-09-2024

OWNERS INS. CO.

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27777 (10-88)
Issued 12-09-2024

AGENCY HART INSURANCE AGENCY INC
14-0096-00 MKT TERR 039

Company Bill

POLICY NUMBER
Company Use

A106-566-927
52-17-KY-1224

INSURED MCKINNEY WATER DISTRICT

Term 12-09-2024 to 12-09-2025

POLICY PREMIUM SUMMARY		
4% Cumulative Multi-Policy Discount	121-	2,905
Expense Constant	240	3,145
Terrorism - See Form 27317	27	3,172
Catastrophe (other than Certified Acts of Terrorism)	54	3,226
See Form 27322		
Paid In Full Discount	269-	2,957
6.53% KY Special Fund Assessment Surcharge	193	3,150
TOTAL ESTIMATED ANNUAL PREMIUM		3.150
RETURN PREMIUM		287-

FEDERAL ID:610662723

COUNTY:137

MINIMUM PREMIUM:\$546 KENTUCKY

KY NUMBER OF EMPLOYEES:4

AUDIT IS:ANNUAL

A 4% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):
Comm Umb() Comm Prop/Comm Liab(X) Comm Auto() Life() Personal() Farm().

Paid in Full Discount applies.

The Paid in Full Discount does not apply to fixed expense fees, statutory charges or minimum premiums.

The Paid in Full Discount is based on favorable loss experience for the collective group of policyholders who choose to pay their premium in full directly to the company.

ENDORSEMENTS:

27411 (01-13)59270 (02-97)27320 (03-06)A

27390 (07-12)27395 (10-14)A(WC000000C)27539 (08-17)

27942 (01-19) (WC000414A)27646 (04-21) (WC000406)27317 (01-21) (WC000422C)

14019 (09-20)27529 (07-19) (WC000424)27322 (08-22) (WC000421F)

27279 (08-22) (WC000419A)27962 (10-07)A27963 (10-07)A

27964 (10-07)A