THE CINCINNATI CASUALTY COMPANY P.O. BOX 145496 CINCINNATI OH 45250-5496

NOTICE OF RENEWAL PREMIUM



Named Insured & Mailing Address:

Producer: 16422

CUMBERLAND COUNTY WATER DISTRICT 133 LOWER RIVER ST BURKESVILLE KY 42717-9622

HOUGHENS INSURANCE GROUP, INC. PO BOX 1779 BOWLING GREEN KY 42102-1779

Policy No.: ETD0543113/EBA0543113

Type of Policy: PACKAGE INCLUDING AUTO

Date of Expiration: 07/01/2025; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy.

The renewal premium due is: \$28924

You may receive an invoice at a later date; however, if the premium is not paid by the due date, coverage will cease on the expiration date indicated above. If you send a check without this notice, please write the policy number on your check.

Auto Property General Gability Inland Marme

Producer

ETD 0190543113/MIDEAST TERRITORY-2697213*** HOUCHENS INSURANCE GROUP, INC. PO BOX 1779 BOWLING GREEN KY 42102-1779

Date Mailed:

29th day of May, 2025

MARK GHILE

KYCE36REN PHEM 04162025MYNY Page 1 of 1

SUMMARY OF PREMIUMS CHARGED

Attached to and forming part of
POLICY NUMBER: ETD 054 31 13 / ETA 054 31 13 Effective Date: 07-01-2024
Named Insured: CUMBERLAND COUNTY WATER DISTRICT

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM CHARGE IS INDICATED

Commercial Property Coverage Part W/EBC	\$ 4,513
Commercial General Liability Coverage Part	P 2 100
Commercial Auto Coverage Part	\$\$ 13,018
Commercial Umbrella / Excess Liability Coverage Part	\$
CONTRACTORS EQUIPMENT SCHEDULED	\$\$
ELECTRONIC DATA PROCESSING EQUIPMENT	\$1,713
EMPLOYEE BENEFIT LIABILITY	\$ 189
KY MUNICIPAL TAX - REFER TO IA4376KY	\$\$
KY SURCHARGE - REFER TO IA4376KY	\$\$ 429
	\$
	\$
	\$
	\$
	\$
	\$
	\$
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	\$\$
	\$
Terrorism Coverage	\$\$ 178
Installment Charge	\$
ANNUAL TOTAL PAYMENTS	\$ 24,630

First Remaining Installment Installment(s)

ANNUAL * *

*SEE BILLING STATEMENT MAILED SEPARATELY

Automobile Coverages, Employers Liability, Employment Practices Liability Coverage, Professional Liability Coverage, Terrorism Coverage and / or Wrongful Acts Coverage, if included in the policy, are subject to Annual Adjustment of rates and premium on each anniversary of the policy.

Commercial Umbrella and Excess Liability, if included in the policy, may be subject to Annual Adjustment of premium on each anniversary. Refer to the Commercial Umbrella or Excess Liability Coverage Part Declarations form to see if this is applicable.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2024

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).

HOUGHIS INSURANCE GROUP 1420 FAIR 1700 Steet 14308 FAIC, No. (270) 843-8808 ### HOUGH BATH 14308 FAIC NO. (270) 843-8808 ### HOUGH BATH 14308 ### H			ertificate does not confer rights to	o tne	cen	mcate nolder in lieu of st							
Bowling Green, KY 42103 Souther Principal Country Water District 133 Lower Principal Country Water District 134 Lower Principal Country Water District 135 Lower Principal Country Water District							CONTACT Leigh Ann Chaney PHONE (272) 522 4424 4222						
NBURBER 1. NBURBER 2. NBURBER 2. SANSTREE 1. SANSTREE	1240 Fairway Street				(A/C, No, Ext): (270) 529-1401 4306 (A/C, No): (270) 843-8808						343-8808		
Sequence A Clincinnati Casualty Company 28665	Bov	vling	Green, KY 42103				ลิธัธสิธิระ icnaney@nigusa.com						
INSURED Cumborford County Water District 133 Lower River Street Burkeaville, KY 42717 COVERAGES CERTIFICATE NUMBER: INSURER 1: SENURER 1: SENURER 1: COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NU							INSURER(S) AFFORDING COVERAGE						
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/24/2025

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

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PRODUCER Houchens Insurance Group 1240 Fairway Street Bowling Green, KY 42103					CONTACT Theresa Payne, CISR, CRIS, TRIP, MLIS, QPIS, PCIA						
					PHONE (A/C, No, Ext): (270) 279-0613 4429 FAX (A/C, No): (270) 843-8808 E-MAIL (A/C, No): (270) 843-8808						
						INSURER A: Cincinnati Casualty Company					
INSURED						INSURER B:					
	Cumberland County Water	Distri	ct		INSURE						
	133 Lower River Street Burkesville, KY 42717				INSURER D :						
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	X 1,000,000							MED EXP (Any one person)	\$	10,000	
						•		PERSONAL & ADV INJURY	s s	1,000,000	
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	POLICY PRO LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							EMPLOYEE BENEFI	s	3,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			ETA 0543113		7/1/2025	7/1/2026	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HUREDS ONLY NON-SWINED		•					PROPERTY DAMAGE (Per accident)	\$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1					PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$		
A	Leased/Rented Equip		·	ETD 0543113		7/1/2025	7/1/2026	E.L. DISEASE - POLICY LIMIT	.\$	150,000	
	association aquip					77 112020	111/2020	lust t f 11 t		130,000	
Cate Ditc Ditc	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erpillar Excavator Model #303.5 Serial # erpillar Back Hoe Model #416D Serial # h Witch Trencher Model # 45X Serial # h Witch Trencher Model # 4010 DD Ser t and Farmers National Bank is listed a	0416 DWP rial #	DJBF RT45 5H03	FP15902 Year 2014 Value \$ SXPK0004232 Year 2019 V 47 Value \$12,000.00	55,000. alue \$3	00 5,000.00		red)			
CF	RTIFICATE HOLDER				CANO	CELLATION	·				
First and Farmers National Bank PO Box 337 Burkesville, KY 42717						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					

Burkesville, KY 42717