



LAURCO-P05

JSTILES

DATE (MM/DD/YYYY)

1/6/2026

CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): (270) 982-7259 E-MAIL ADDRESS: jstiles@higusa.com	FAX (A/C, No): (270) 737-4950
INSURED		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Philadelphia Indemnity Insurance Company	18058
		INSURER B: Brickstreet Mutual Insurance Company	12372
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

LAUREL COUNTY WATER DISTRICT #2
3910 S Laurel Road
London, KY 40744

COVERAGES		CERTIFICATE NUMBER:		REVISION 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 CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2428279	7/1/2022 7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2428279	7/1/2022 7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input checked="" type="checkbox"/> N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		WCS3005691	6/30/2022 6/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Commercial Crime Commercial Fire					
A	PHPK2428279	7/1/2022	7/1/2023	Employee Dishonesty	250,000	
A	PHPK2428279	7/1/2022	7/1/2023	Blanket Bldg/Content	20,904,868	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Flood Coverage \$1,000,000 Any One Flood, \$25,000 Deductible Any One Flood Policy Number PHPK2566161-005 Effective Date: 7/1/2022-7/1/2023 Carrier: Philadelphia Indemnity Insurance Co.

CERTIFICATE HOLDER

CANCELLATION

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

USDA Rural Development
182 Liperote Way
London, KY 40744



DATE (MM/DD/YYYY)

1/6/2026

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PRODUCER Houchens Insurance Group 505 Wellington Way, Suite 275 Lexington, KY 40503	CONTACT NAME: PHONE (A/C, No, Ext): (270) 982-7259	FAX (A/C, No): (270) 737-4950
	E-MAIL ADDRESS: jstiles@higusa.com	
INSURED LAUREL COUNTY WATER DISTRICT #2 3910 S Laurel Road London, KY 40744	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Insurance Company 18058	
	INSURER B: Brickstreet Mutual Insurance Company 12372	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER

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INSURANCE AND CONDITIONS OF POLICY CLOSURES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PHPK2566161	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000					
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
GEN'L AGGREGATE LIMIT APPLIES PER:														
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC	MED EXP (Any one person) \$ 10,000								
OTHER:														
A	AUTOMOBILE LIABILITY					PHPK2566161	7/1/2023	7/1/2024	PERSONAL & ADV INJURY \$ 1,000,000					
	<input checked="" type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>						SCHEDULED AUTOS	GENERAL AGGREGATE \$ 3,000,000				
<input type="checkbox"/>	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY	PRODUCTS - COMP/OP AGG \$ 3,000,000										
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000					
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					BODILY INJURY (Per person) \$					
	<input type="checkbox"/>	DED	RETENTION \$	BODILY INJURY (Per accident) \$										
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N N / A	WCS3005691	6/30/2023	6/30/2024	<input type="checkbox"/>	PER STATUTE	OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$ 1,000,000						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
	A	Commercial Crime							PHPK2566161	7/1/2023	7/1/2024	Employee Dishonesty \$ 250,000		
A	Commercial Fire				PHPK2566161	7/1/2023	7/1/2024	Blanket Bldg/Content \$ 20,904,868						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Flood Coverage \$1,000,000 Any One Flood, \$25,000 Deductible Any One Flood Policy Number PHPK2566161-005 Effective Date: 7/1/2023-7/1/2024 Carrier: Philadelphia Indemnity Insurance Co.

CERTIFICATE HOLDER

CANCELLATION

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AUTHORIZED REPRESENTATIVE

**USDA Rural Development
182 Liperote Way
London, KY 40744**



LAURCO-P05

JSTILES

DATE (MM/DD/YYYY)

11/26/2024

CERTIFICATE OF LIABILITY INSURANCE

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INSURER F :		

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2566161-005	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	OTHER:						MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GENERAL AGGREGATE	\$ 3,000,000							
	PRODUCTS - COMP/OP AGG	\$ 3,000,000							
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2566161-005	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	UMBRELLA LIAB						OCCUR	BODILY INJURY (Per person)	\$
	EXCESS LIAB						CLAIMS-MADE	BODILY INJURY (Per accident)	\$
	DED						RETENTION \$	PROPERTY DAMAGE (Per accident)	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		WCS3005691R	6/30/2024	6/30/2025	X PER STATUTE	OTHER	
	E.L. EACH ACCIDENT						\$ 1,000,000		
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000		
	E.L. DISEASE - POLICY LIMIT						\$ 1,000,000		
A	Commercial Fire			PHPK2566161-005	7/1/2024	7/1/2025	Blanket Property	20,904,868	
A	Commercial Crime			PHPK2566161-005	7/1/2024	7/1/2025	Employee Dishonesty	250,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Flood Coverage \$1,000,000 Any One Flood, \$25,000 Deductible Any One Flood Policy Number PHPK2566161-005 Effective Date: 7/1/2024-7/1/2025 Carrier: Philadelphia Indemnity Insurance Co.									

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AUTHORIZED REPRESENTATIVE

USDA Rural Development
182 Liperote Way
London, KY 40741

ACORD 25 (2016/03)

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LAURCO-P05

JSTILES

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INSURER B: Brickstreet Mutual Insurance Company		12372
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

Houchens Insurance Group
505 Wellington Way, Suite 275
Lexington, KY 40503

LAUREL COUNTY WATER DISTRICT #2
3910 S Laurel Road
London, KY 40744

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2566161-006	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 3,000,000	
							PRODUCTS - COMP/OP AGG \$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2566161-006	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB	OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE \$	
	DED	RETENTION \$					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCS3005691	6/30/2025	6/30/2026	PER STATUTE \$	
							OTHE-ER \$	
							E.L. EACH ACCIDENT \$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Commercial Fire			PHPK2566161-006	7/1/2025	7/1/2026	Blanket Property \$ 20,904,868	
A	Commercial Crime			PHPK2566161-006	7/1/2025	7/1/2026	Employee Dishonesty \$ 250,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Flood Coverage \$1,000,000 Any One Flood, \$25,000 Deductible Any One Flood Policy Number PHPK2566161-005 Effective Date: 7/1/2025-7/1/2026 Carrier: Philadelphia Indemnity Insurance Co.

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AUTHORIZED REPRESENTATIVE

USDA Rural Development
182 Liperote Way
London, KY 40741

Public Entity Insurance

505 Wellington Way, Suite 275
Lexington, KY 40503

Phone: (859) 296-4580
Fax: (859) 296-4583

Invoice #	175762	Page	1 of 1
Account Number		Date	
BALANCE DUE ON			
LAURCO-P05		6/26/2025	
7/6/2025			
AMOUNT PAID		Amount Due	
		\$61,362.01	

Laurel County Water District #2
3910 S Laurel Road
London, KY 40744

CSR
Jeff Stiles, CIC

Commercial Package

PolicyNumber: PHPK2566161-006

Effective: 7/1/2025 to 7/1/2026

Item #	Trans	Eff Date	Due Date	Trans	Description	Amount
1928117		7/1/2025	7/6/2025	RENB	25-26 Package Policy Renewal	\$49,859.00
1928118		7/1/2025	7/6/2025	CFEE	KY Surcharges/Taxes	\$893.96
1928119		7/1/2025	7/6/2025	CFEE	Policy Fee	\$200.00

Commercial Umbrella

PolicyNumber: PHUB868251-006

Effective: 7/1/2025 to 7/1/2026

Item #	Trans	Eff Date	Due Date	Trans	Description	Amount
1928120		7/1/2025	7/6/2025	RENB	25-26 Renewal Umbrella Policy	\$10,225.00
1928121		7/1/2025	7/6/2025	CFEE	KY Surcharges/Taxes	\$184.05

Total Invoice Balance: \$61,362.01

Per Jeff Stiles - included \$14,188 Auto A/C 650-0900
47,174.01 A/C 657-0008