

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive

Frankfort, KY 40601

Declarations Page

Policy Number P&C0044

Insured Name and Address

Garrard County Water Association
PO Box 670
315 Lexington Road
Lancaster, KY 40444

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)	3,000,000	5,000,000	500
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

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

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- ITEM 1 -** Name and Address of Insured:
Garrard County Water Association
PO Box 670
315 Lexington Road
Lancaster, KY 40444
- ITEM 2 -** Certificate Number: WC2024-0762
- 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: \$9,600.00
- ITEM 7 -** Special Fund Tax: \$627.00
- ITEM 8 -** TOTAL PREMIUM:* **\$10,227.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2024. 1% discount applied = \$10,124.73
(2) 50% payment by 8/1/2024 and 3 subsequent equal monthly pmts. on balance.
50% = \$5,113.50 Plus 3 monthly payments of \$1,704.50

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

* 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