



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 K240321

Invoice Date 05/30/2024

Due Date 08/01/2024

Insured Name and Address

Member Number 0044

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

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Sean	Smith				ssmith@garrardwater.com

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2024	Annual Premium for 2024-2025 Policy Renewal	\$38,982.00	\$38,982.00
		Total Due	\$38,982.00

Payment Options:

Option 1: Save 1%; pay \$38,592.18 by due date

Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments

50 % = \$19,491.00 plus 3 monthly payments of \$6,497.00

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

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: W240572
Invoice Date: 05/29/2024

Member Name and Address:

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

Member ID: 0762

Item	Amount
Workers Compensation Insurance Premium - Policy WC2024-0762	\$9,600.00
Special Fund Tax	\$627.00
Total Due	\$10,227.00

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

(1) Full payment by 8/1/2024. 1% discount applied = \$10,124.73
or
(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

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 Insurance Agency

400 Englewood Drive
Frankfort, Kentucky 40601
Tel: 800-264-5226
Fax: 502-875-8242

INVOICE NO: B31407**INVOICE DATE: 07/30/2024****DUE DATE: 08/29/2024****INSURED:**

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

COUNTY: Garrard**BOND NO: 999133270-9 EFFECTIVE: 09/20/2024 EXPIRES: 09/20/2025****PRINCIPAL: Garrard County Water Association****OBLIGEE: KY Transportation Cabinet, Dept of Highways**

<i>Effective</i>	<i>Description</i>	<i>Cost</i>	<i>Amount Due</i>
09/20/2024	ANNUAL PREMIUM ON \$25,000.00 ENCROACHMENT BOND RENEWAL	\$375.00	\$375.00

Sub Total: \$375.00**KY Surcharge: \$6.75****Total Due: \$381.75****Payment Info**Date Paid: Amount Paid: Check No. Please return a copy of this invoice with your payment!**Servicing Agency**

Kentucky Association of Counties Insurance Agency
(800) 264-5226

MEMBER NO: 0044



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 K250329
Invoice Date 05/29/2025
Due Date 08/01/2025

Insured Name and Address Member Number 0044

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

Contact(s)

First Name	Last Name	Title	Telephone	Fax	Email
Sean	Smith				ssmith@garrardwater.com

Invoice Detail

Effective Date	Description	Premium	Amount Due
07/01/2025	Annual Premium for 2025-2026 Policy Renewal	\$39,838.00	\$39,838.00
		Total Due	\$39,838.00

Payment Options:

- Option 1: Save 1%; pay \$39,439.62 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$19,918.99 plus 3 monthly payments of \$6,639.67

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

KACo Insurance Agency

400 Englewood Drive
Frankfort, Kentucky 40601
Tel: 800-264-5226
Fax: 502-875-8242

INVOICE NO: B32377

INVOICE DATE: 07/29/2025

DUE DATE: 08/28/2025

INSURED:

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

KY 40444

COUNTY: Garrard

BOND NO: 999133270-9 **EFFECTIVE:** 09/20/2025 **EXPIRES:** 09/20/2026

EFFECTIVE: 09/20/2025

EXPIRES: 09/20/2026

PRINCIPAL: Garrard County Water Association

OBLIGEE: KY Transportation Cabinet, Dept of Highways

<i>Effective</i>	<i>Description</i>	<i>Cost</i>	<i>Amount Due</i>
09/20/2025	ANNUAL PREMIUM ON \$25,000.00 ENCROACHMENT BOND RENEWAL	\$375.00	\$375.00

Payment Info

Sub Total: \$375.00

Date Paid:

Amount Paid:

Check No.

Total Due: \$381.75

Check No.

Servicing Agency

Kentucky Association of Counties Insurance Agency
(800) 264-5226

MEMBER NO: 0044