



# 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
		<b>Total Due</b>	<b>\$38,982.00</b>

**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
<b>Total Due</b>	<b>\$10,227.00</b>

\* 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

**Payment Info**

Date Paid:

Amount Paid:

Check No.

Sub Total: \$375.00

KY Surcharge: \$6.75

**Total Due: \$381.75**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)**

<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>
07/01/2025	Annual Premium for 2025-2026 Policy Renewal	\$39,838.00	\$39,838.00
	<b>Total Due</b>		<b>\$39,838.00</b>

**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

**COUNTY:** Garrard**BOND NO:** 999133270-9 **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**

Date Paid:   
Amount Paid:   
Check No.

Sub Total: \$375.00  
KY Surcharge: \$6.75

**Total Due: \$381.75**

Please return a copy of this invoice with your payment!

**Servicing Agency**

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

**MEMBER NO:** 0044