



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/26/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | |
|--|--|--|
| AGENCY Bowling Green/ AssuredPartners NL 1945 Scottsville Rd., Suite 100 Bowling Green, KY 42104 | PHONE (A/C, No, Ext): (270) 781-8181 | COMPANY Philadelphia Indemnity Insurance Co One Bala Plaza, Ste 100 Bala Cynwyd, PA 19004-1403 |
| FAX (A/C, No): (270) 781-3908 | E-MAIL ADDRESS: | |
| CODE: | SUB CODE: | |
| AGENCY CUSTOMER ID #: BRONWAT-01 | | |
| INSURED Bronston Water Association P O Box 243 Bronston, KY 42518 | LOAN NUMBER | POLICY NUMBER PHPK2517457 |
| | EFFECTIVE DATE 2/9/2024 | EXPIRATION DATE 2/9/2025 |
| | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| THIS REPLACES PRIOR EVIDENCE DATED: | | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc # 1, Bldg # 1, 2013 Highway 90, Bronston, KY 42518, Office
 Loc # 2, Bldg # 1, Hwy 90, Bronston, KY 42518, 500,000 Gal Water Tank
 Loc # 2, Bldg # 2, Hwy 90, Bronston, KY 42518, 500,000 Gal Water Tank
 Loc # 3, Bldg # 1, Luther Eaton Hwy 790, Bronston, KY 42518, Water Tank
 Loc # 4, Bldg # 1, Aderhold Road, Bronston, KY 42518, Water Tank
 SEE ATTACHED ACORD 101

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS | PERILS INSURED | | | | | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|----------------|-------|---------|--|--|-----------------------------------|-------------------|
| | BASIC | BROAD | SPECIAL | | | | |
| Loc # 1, Bldg # 1 Building, Special (Including theft), Replacement Cost Business Personal Property, Special (Including theft), Replacement Cost Barn, Special (Including theft), Replacement Cost | | | | | | \$165,000 \$80,000 \$19,300 | 500 500 500 |
| Loc # 2, Bldg # 1 Building, Special (Including theft), Replacement Cost | | | | | | \$700,000 | 500 |
| Loc # 2, Bldg # 2 Building, Special (Including theft), Replacement Cost | | | | | | \$700,000 | 500 |
| Loc # 3, Bldg # 1 Building, Special (Including theft), Replacement Cost | | | | | | \$500,000 | 500 |
| Loc # 4, Bldg # 1 Building, Special (Including theft), Replacement Cost SEE ATTACHED ACORD 101 | | | | | | \$700,000 | 500 |

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

| | | | |
|---|--------------------|-----------------------|------------|
| NAME AND ADDRESS Kentucky Public Service Commission 211 Sower Blvd Frankfort, KY 40601 | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | LOSS PAYEE |
| | MORTGAGEE | | |
| LOAN # | | | |
| AUTHORIZED REPRESENTATIVE  | | | |

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|---|---------------------------|---|--|
| AGENCY Bowling Green/ AssuredPartners NL | | NAMED INSURED Bronston Water Association P O Box 243 Bronston, KY 42518 | |
| POLICY NUMBER PHPK2517457 | | | |
| CARRIER Philadelphia Indemnity Insurance Co | NAIC CODE 18058 | EFFECTIVE DATE: 02/09/2024 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Locations:

Loc # 4, Bldg # 2, Aderhold Road, Bronston, KY 42518, Pump House
Loc # 5, Bldg # 1, Hwy 90 at Horizon Boat Works, Bronston, KY 42518, Pump House
Loc # 6, Bldg # 1, Kidder Community, Bronston, KY 42518, Pump House
Loc # 7, Bldg # 1, Fire Hydrants Throughout, Bronston, KY 42518, Fire Hydrants
Loc # 8, Bldg # 1, Storage Building, Bronston, KY 42518, Storage Building

Coverage Information:

Loc # 4, Bldg # 2
Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$97,000, Deductible: 500
Loc # 5, Bldg # 1
Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$95,000, Deductible: 500
Loc # 6, Bldg # 1
Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$97,000, Deductible: 500
Loc # 7, Bldg # 1
Fixed Equipment, Special (Including theft), Replacement Cost, Amount of Insurance: \$25,000, Deductible: 500
Loc # 8, Bldg # 1
Storage Shed, Special (Including theft), Deductible: 500



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| | | | |
|--|--|--|---|
| AGENCY Bowling Green/ AssuredPartners NL 1945 Scottsville Rd., Suite 100 Bowling Green, KY 42104 | PHONE (A/C, No, Ext): (270) 781-8181 | COMPANY Cincinnati Insurance Company PO Box 145496 Cincinnati, OH 45250-5496 | |
| FAX (A/C, No): (270) 781-3908 | E-MAIL ADDRESS: | | |
| CODE: | SUB CODE: | | |
| AGENCY CUSTOMER ID #: BRONWAT-01 | | | |
| INSURED Bronston Water Association P O Box 243 Bronston, KY 42518 | LOAN NUMBER | POLICY NUMBER ETD0738339 | |
| | EFFECTIVE DATE 2/9/2025 | EXPIRATION DATE 2/9/2028 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc # 1, Bldg # 1, 2013 Highway 90, Bronston, KY 42518, Office
 Loc # 2, Bldg # 1, Hwy 90, Bronston, KY 42518, 500,000 Gal Water Tank
 Loc # 2, Bldg # 2, Hwy 90, Bronston, KY 42518, 500,000 Gal Water Tank
 Loc # 3, Bldg # 1, Luther Eaton Hwy 790, Bronston, KY 42518, Water Tank
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| COVERAGE / PERILS / FORMS | PERILS INSURED | | | | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|----------------|-------|---------|--|-----------------------------------|-------------------|
| | BASIC | BROAD | SPECIAL | | | |
| Loc # 1, Bldg # 1 Building, Special (Including theft), Replacement Cost Business Personal Property, Special (Including theft), Replacement Cost Barn, Special (Including theft), Replacement Cost | | | | | \$165,000 \$80,000 \$19,300 | 500 500 500 |
| Loc # 2, Bldg # 1 Building, Special (Including theft), Replacement Cost | | | | | \$700,000 | 500 |
| Loc # 2, Bldg # 2 Building, Special (Including theft), Replacement Cost | | | | | \$700,000 | 500 |
| Loc # 3, Bldg # 1 Building, Special (Including theft), Replacement Cost | | | | | \$500,000 | 500 |
| Loc # 4, Bldg # 1 Building, Special (Including theft), Replacement Cost SEE ATTACHED ACORD 101 | | | | | \$700,000 | 500 |

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

| | | | |
|---|--------------------|-----------------------|-------------------------------------|
| NAME AND ADDRESS Kentucky Public Service Commission 211 Sower Blvd Frankfort, KY 40601 | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
| | MORTGAGEE | | |
| LOAN # | | | |
| AUTHORIZED REPRESENTATIVE  | | | |

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|--|---------------------------|---|--|
| AGENCY Bowling Green/ AssuredPartners NL | | NAMED INSURED Bronston Water Association P O Box 243 Bronston, KY 42518 | |
| POLICY NUMBER ETD0738339 | | EFFECTIVE DATE: 02/09/2025 | |
| CARRIER Cincinnati Insurance Company | NAIC CODE 10677 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

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 Loc # 6, Bldg # 1, Kidder Community, Bronston, KY 42518, Pump House
 Loc # 7, Bldg # 1, Fire Hydrants Throughout, Bronston, KY 42518, Fire Hydrants
 Loc # 8, Bldg # 1, Storage Building, Bronston, KY 42518, Storage Building

Coverage Information:

Loc # 4, Bldg # 2
 Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$97,000, Deductible: 500
 Loc # 5, Bldg # 1
 Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$95,000, Deductible: 500
 Loc # 6, Bldg # 1
 Building, Special (Including theft), Replacement Cost, Amount of Insurance: \$97,000, Deductible: 500
 Loc # 7, Bldg # 1
 Fixed Equipment, Special (Including theft), Replacement Cost, Amount of Insurance: \$25,000, Deductible: 500
 Loc # 8, Bldg # 1
 Storage Shed, Special (Including theft), Deductible: 500



Statement Prepared On: 01/15/2026



Statement – Premium Due



000318 128 1000773333 16491
BRONSTON WATER ASSOCIATION
PO BOX 243
BRONSTON KY 42518-8024



Questions regarding your insurance coverage:
AssuredPartners NL, LLC (16491) (10019616)
(270)781-8181

Questions regarding your statement:
Cincinnati Corporate Billing
877-942-2455, CinciBill@cifin.com
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time
Saturday, 8 a.m.- noon Eastern Time

Amount Due: \$17,201.00
Due Date: 02/09/2026

Payment Method: Direct Invoice
Account Number: 1000773333
Policy Number(s) with Premium Due:
0738339

| | |
|-----------------------------------|--|
| Pay Online or by Phone: | <i>cifin.com</i> 800-364-3400 Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover® and American Express® cards for online and phone payments. PayPal™, PayPal Credit, Venmo™, Apple® Pay and G Pay™ are accepted for online payments. All payments confirmed prior to 3 p.m. Eastern Time are applied the same day. |
| Payment Address: | The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620 |
| Overnight Payment Address: | The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141 |

Register your account at: cifin.com/register/billing-account
Registration Code: **Dcb26RQw**

Please detach and return the remittance stub below with your payment.

Make check payable to: **THE CINCINNATI INSURANCE COMPANY**. *Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number 1000773333 **Due Date** 02/09/2026 **Amount Due** \$17,201.00

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

BRONSTON WATER ASSOCIATION
PO BOX 243
BRONSTON KY 42518-8024

Please mark for change of address and complete the reverse side.

THE CINCINNATI INSURANCE COMPANY
PO BOX 145620
CINCINNATI OH 45250 -5620

11 1 1000773333 02092026 000001720100 0



HARFORD MUTUAL
INSURANCE GROUP

Billing Statement

Date of Mailing: January 18, 2026

Harford Mutual Insurance 1842 Insurance
Firstline Insurance Clearpath Specialty

Please note: Your account number may have changed

BRONSTON WATER ASSOCIATION INC
PO BOX 243
BRONSTON, KY 42518

Account Number: 392285
Minimum Amount Due: \$1,401.00
Date Due: February 09, 2026

Agency Name and Address

ASSUREDPARTNERS NL LLC
1945 SCOTTSVILLE RD, STE 100
BOWLING GREEN, KY 42104
(270) 781-8181

Harford Mutual

Payment Questions: 800-638-3669
Pay By Phone (24/7): 855-590-2456
Pay Online: www.harfordmutual.com

| Policy Number | Type of Policy | Effective Date | Pay Plan | Total Balance | Minimum Due |
|---------------|-----------------------|----------------|----------|---------------|-------------|
| WC10934241 | Workers' Compensation | 02/09/2026 | FullPay | \$1,401.00 | \$1,401.00 |

Due By February 09, 2026: **\$1,401.00**

PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE

RETAIN TOP PORTION FOR YOUR RECORDS

Please detach bottom portion at the perforation and send with your payment. Do not staple. Do not send cash or policy correspondence. DO NOT USE THIS STUB FOR ANY OTHER ACCOUNT NUMBER.

| Total Balance Billed as of | Minimum Amount Due by | Amount Enclosed |
|--------------------------------|---------------------------------|-----------------|
| January 18, 2026 \$1,401.00 | February 09, 2026 \$1,401.00 | \$ |

Payment Options:

By Mail: HARFORD MUTUAL
P. O. BOX 62434
BALTIMORE, MD 21264

By Phone: 855-590-2456
Go Online: www.harfordmutual.com



Account Number: 392285
BRONSTON WATER ASSOCIATION INC
PO BOX 243
BRONSTON, KY 42518

003922857020920260000140100000001401000021520267