



Statement – Premium Due

pd \$6127.00  
CIC# 37801  
9-23-24

Statement Prepared On: 09/09/2024

Questions regarding your insurance coverage:  
Whitenack & Souder Insurance, Inc. (16392)  
(859)734-4358

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

000522 128 1000634267 16392  
LAKE VILLAGE WATER ASSOCIATION INC  
PO BOX 303  
BURGIN KY 40310-0030

**Amount Due:** \$6,127.00  
**Due Date:** 10/01/2024

**Payment Method:** Direct Invoice

**Account Number:** 1000634267

**Policy Number(s) with Premium Due:**  
0657538

<b>Pay Online or by Phone:</b>	<i>cinfin.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 and Venmo™ are accepted for online payments.  All payments confirmed prior to 3 p.m. Eastern Time are applied the same day.
<b>Payment Address:</b>	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
<b>Overnight Payment Address:</b>	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

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Please detach and return the remittance stub below with your payment.  
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Statement – Premium Due

000316 128 1000634267 16392 04  
LAKE VILLAGE WATER ASSOCIATION INC  
PO BOX 303  
BURGIN KY 40310-0030

<b>Amount Due:</b>	\$6,133.00
<b>Due Date:</b>	07/01/2024

**Payment Method:** Direct Invoice

**Account Number:** 1000634267

**Policy Number(s) with Premium Due:**  
0657538

Statement Prepared On: 06/05/2024

Questions regarding your insurance coverage:  
Whitenack & Souder Insurance, Inc. (16392)  
(859)734-4358

Questions regarding your statement:  
Cincinnati Corporate Billing  
877-942-2455, [CinciBill@cinfin.com](mailto:CinciBill@cinfin.com)  
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<b>Overnight Payment Address:</b>	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

pd \$6133.00  
ck# 32559  
6-26-24

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



Statement Prepared On: 03/06/2024

Questions regarding your insurance coverage:  
Whitenack & Souder Insurance, Inc. (16392)  
(859)734-4358

Statement – Premium Due

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

000856 128 1000634267 16392 03  
LAKE VILLAGE WATER ASSOCIATION INC  
PO BOX 303  
BURGIN KY 40310-0030

**Amount Due:** \$5,604.00  
**Due Date:** 04/01/2024

**Payment Method:** Direct Invoice

**Account Number:** 1000634267

**Policy Number(s) with Premium Due:**  
0657538

<b>Pay Online or by Phone:</b>	<i>cinfin.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 and Venmo™ are accepted for online payments.  All payments confirmed prior to 3 p.m. Eastern Time are applied the same day.
<b>Payment Address:</b>	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
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pd \$5604.00  
ck# 32332  
3-26-24

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