

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 10/6/2026

THIS IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER

KENTUCKY LEAGUE OF CITIES
100 E. VINE ST SUITE 800
LEXINGTON, KY 40507-3700
(859) 977-3700

COMPANY

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

CODE:

SUB CODE:

AGENCY
CUSTOMER ID#:

INSURED: North Logan Water District

3118 Lewisburg Road
Russellville, KY 42276

LOAN NUMBER:

POLICY NUMBER:

P5991-2026-27622

EFFECTIVE DATE:

EXPIRATION DATE:

7/1/2026

7/1/2027

CONTINUED UNTIL ☐
TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF THE North Logan Water District LISTED WITH THE COMPANY

COVERAGE INFORMATION

LIMITS

COVERAGES/PERILS/FORMS

AMOUNT OF INSURANCE DEDUCTIBLE*

SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLUSIONS, DIRECT LOSS REPLACEMENT COST AND TIME ELEMENT ON PROPERTY DECLARED TO THE COMPANY AS HAVING TOTAL VALUES OF:

\$837,275

\$1,000

*FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OCCURRENCE

*EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EACH DAMAGED LOCATION PER OCCURRENCE

REMARKS (Including Special Conditions)

Evidence of property coverage is given.

CANCELLATION

THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Suzanne Reed

CERTIFICATE OF INSURANCE

DATE
10/6/2026

PRODUCER

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE: (859)-977-3700

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

COMPANY B

INSURED

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

ATTN: Jim Barr

COVERAGES

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ OWNER'S & CONTRACTOR'S PROT ☐ PUBLIC OFFICIALS ☐ LAW ENFORCEMENT	L5991-2026-27902	7/1/2026	7/1/2027	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					COMBINED SINGLE LIMIT	\$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	L5991-2026-27902	7/1/2026	7/1/2027	BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
					LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
	CRIME LIABILITY ☐ FORGERY OR ALTERATION ☐ THEFT, DISAPPEARANCE AND DESTRUCTION ☐ PUBLIC EMPLOYEE DISHONESTY ☐ MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE				LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCLUDED ☐ EXCLUDED				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE/POLICY LIMIT	
					DISEASE-EACH EMPLOYEE	
A	PUBLIC OFFICIALS	L5991-2026-27902	7/1/2026	7/1/2027	LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of liability coverage is given.

CERTIFICATE HOLDER

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Suzanne Reed

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 10/6/2026

THIS IS EVIDENCE THAT THE INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER

KENTUCKY LEAGUE OF CITIES
100 E. VINE ST SUITE 800
LEXINGTON, KY 40507-3700
(859) 977-3700

COMPANY

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

CODE:

SUB CODE:

AGENCY

CUSTOMER ID#:

INSURED: North Logan Water District

3118 Lewisburg Road
Russellville, KY 42276

LOAN NUMBER:

POLICY NUMBER:

P5991-2025-26065

EFFECTIVE DATE:

7/1/2025

EXPIRATION DATE:

7/1/2026

CONTINUED UNTIL

TERMINATED IF CHECKED ☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

BUILDINGS, CONTENTS, AND SCHEDULED PROPERTY OF THE North Logan Water District LISTED WITH THE COMPANY

COVERAGE INFORMATION

LIMITS

COVERAGES/PERILS/FORMS

AMOUNT OF INSURANCE DEDUCTIBLE*

SUBJECT TO POLICY SUBLIMITS, CONDITIONS, AND EXCLUSIONS, DIRECT LOSS REPLACEMENT COST AND TIME ELEMENT ON PROPERTY DECLARED TO THE COMPANY AS HAVING TOTAL VALUES OF:

\$802,757

\$1,000

*FLOOD DEDUCTIBLE (ZONES B, C, & X ONLY) = \$25,000 PER OCCURRENCE

*EARTHQUAKE DEDUCTIBLE = \$25,000 OR 2% OF TIV'S FOR EACH DAMAGED LOCATION PER OCCURRENCE

REMARKS (Including Special Conditions)

Evidence of property coverage is given.

CANCELLATION

THIS POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Suzanne Reed

CERTIFICATE OF INSURANCE

DATE
10/6/2026

PRODUCER

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
100 E. VINE STREET, SUITE 800
LEXINGTON, KY 40507-3700

PHONE: (859)-977-3700

INSURED

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

ATTN: Tim Barr

COVERAGES

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ OWNER'S & CONTRACTOR'S PROT ☐ PUBLIC OFFICIALS ☐ LAW ENFORCEMENT	L5991-2025-26064	7/1/2025	7/1/2026	GENERAL AGGREGATE	UNLIMITED
					PRODUCTS-COMP/OP AGG	UNLIMITED
					PERSONAL & ADV INJURY	INCLUDED
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					COMBINED SINGLE LIMIT	\$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	L5991-2025-26064	7/1/2025	7/1/2026	BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	CRIME LIABILITY ☐ FORGERY OR ALTERATION ☐ THEFT, DISAPPEARANCE AND DESTRUCTION ☐ PUBLIC EMPLOYEE DISHONESTY ☐ MONEY ORDERS & COUNTERFEIT PAPER CURRENCY COVERAGE				LIMIT DEDUCTIBLE	
					LIMIT INSIDE PREMISES DEDUCTIBLE	
					LIMIT OUTSIDE PREMISES DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
					LIMIT DEDUCTIBLE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCLUDED ☐ EXCLUDED				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE/POLICY LIMIT	
					DISEASE-EACH EMPLOYEE	
A	PUBLIC OFFICIALS	L5991-2025-26064	7/1/2025	7/1/2026	LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Evidence of liability coverage is given.

CERTIFICATE HOLDER

North Logan Water District
3118 Lewisburg Road
Russellville, KY 42276

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Suzanne Barr



E.I.N. 611123333

Telephone: (800) 876-4552
(859) 977-3700

North Logan Water District
Tim Barr
3118 Lewisburg Road
Russellville, KY 42276

Liability Invoice

Invoice date	7/1/2025
Invoice Number	L5991-2025-26064-00
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 4,734.00
Current Balance	\$ 4,734.00

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

Invoice Policy Number: L5991-2025-26064 Policy Effective: 7/1/2025
Policy Type: Liability

Date	Item	Amount
6/1/2025	Previous Balance	\$ 0
6/1/2025	Policy # L5991-2025-26064. Billing #1	4,734.00
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 7/16/2025		\$ 4,734.00

Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

Original Invoice



E.I.N. 611123333

Telephone: (800) 876-4552
(859) 977-3700

North Logan Water District
Tim Barr
3118 Lewisburg Road
Russellville, KY 42276

Property Invoice

Invoice date	7/1/2025
Invoice Number	P5991-2025-26065-00
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 2,200.49
Current Balance	\$ 2,200.49

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

InvoicePolicy Number: P5991-2025-26065 Policy Effective: 7/1/2025
Policy Type: Property

Date	Item	Amount
6/1/2025	Previous Balance	\$ 0
6/1/2025	Policy # P5991-2025-26065. Billing #1	2,200.49
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 7/16/2025		\$ 2,200.49

Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

Original Invoice



E.I.N. 611123333

Telephone: (800) 876-4552
(859) 977-3700

North Logan Water District
Tim Barr
3118 Lewisburg Road
Russellville, KY 42276

Property Invoice

Invoice date	7/1/2026
Invoice Number	P5991-2026-27622-00
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 2,520.74
Current Balance	\$ 2,520.74

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

Invoice Policy Number: P5991-2026-27622 Policy Effective: 7/1/2026
Policy Type: Property

Date	Item	Amount
6/1/2026	Previous Balance	\$ 0
6/1/2026	Policy # P5991-2026-27622. Billing #1	2,520.74
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 7/16/2026		\$ 2,520.74

Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

Original Invoice



E.I.N. 611123333

Telephone: (800) 876-4552
(859) 977-3700

North Logan Water District
Tim Barr
3118 Lewisburg Road
Russellville, KY 42276

Liability Invoice

Invoice date	7/1/2026
Invoice Number	L5991-2026-27902-00
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 4,744.00
Current Balance	\$ 4,744.00

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

Invoice Policy Number: L5991-2026-27902 Policy Effective: 7/1/2026
Policy Type: Liability

Date	Item	Amount
6/1/2026	Previous Balance	\$ 0
6/1/2026	Policy # L5991-2026-27902. Billing #1	4,744.00
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 7/16/2026		\$ 4,744.00

Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

Original Invoice



E.I.N. 611123333

Telephone: (800) 876-4552
(859) 977-3700

North Logan Water District
Tim Barr
3118 Lewisburg Road
Russellville, KY 42276

Property Invoice

Invoice date	10/1/2026
Invoice Number	P5991-2026-27622-03
Previous Balance	\$ 0
Payments	\$ 0.00
New Billings	\$ 868.57
Current Balance	\$ 868.57

Make check payable and mail to:
Kentucky League of Cities Insurance Services
P.O. Box 34108
Lexington, KY 40588

InvoicePolicy Number: P5991-2026-27622 Policy Effective: 7/1/2026
Policy Type: Property

Date	Item	Amount
9/1/2026	Previous Balance	\$ 0
9/18/2026	Endorsement eff. 7/1/2026 Add 250,000 Gallon Water Tank (Building \$1,200,000,Contents \$0,PITO \$0), Highway 431 North Russellville Kentucky 42276	2,396.66
9/18/2026	Endorsement eff. 7/1/2026 Delete 250,000 Gallon Water Tank (Building \$765,111,Contents \$0,PITO \$0), Highway 431 North Russellville Kentucky 42276	-1,528.09
Unless Payment is received when due, coverage provided by this policy may be cancelled for non-payment in accordance with the insurance contract.		
Amount Due By 10/16/2026		\$ 868.57

Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

Original Invoice

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2026

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jennifer Slaughter
SouthPoint Risk - Russellville	PHONE (A/C, No, Ext): (270) 726-3638
144 N Main St	FAX (A/C, No):
	E-MAIL ADDRESS: jslaughter@southpointrisk.com
	INSURER(S) AFFORDING COVERAGE
Russellville KY 42276	INSURER A: Kentucky Employers Mutual
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2026

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COM/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	☐ DED ☐ RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ☐ N/A			309324	01/01/2026	01/01/2027	☒ PER STATUTE ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificates are issued based on the insurance coverage included in the insurance program at the time this certificate was issued. Please review the certificate and contract to be certain the coverage provided meets the contractual obligations. To request any changes to the policy, the named insured must contact our agency.

CERTIFICATE HOLDER

CANCELLATION

Ky Public Service Commission 211 Sower Blvd Frankfort KY 40601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date	December 1, 2025
Invoice Number	3104193
Policy Number	309324
Current Balance	Due Date
\$1,523.33	01/01/2026

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	01/01/2026	01/01/2027	\$1,443.50
Special Fund Assessment Installment	#1	01/01/2026	01/01/2027	\$79.83
Current Charges				\$1,523.33

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,523.33		\$1,523.33

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3104193

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 01/01/2026

Amount Due: \$1,523.33



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date	February 2, 2026
Invoice Number	3120070
Policy Number	309324
Current Balance	Due Date
\$761.66	03/04/2026

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	01/01/2026	01/01/2027	\$721.75
Special Fund Assessment Installment	#2	01/01/2026	01/01/2027	\$39.91
Current Charges				\$761.66

Previous Balance	Payment Received	Current Charges	Current Balance
\$0.00	\$0.00	\$761.66	\$761.66

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3120070

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 03/04/2026

Amount Due: \$761.66



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date	March 2, 2026
Invoice Number	3127403
Policy Number	309324
Current Balance	Due Date
\$761.66	04/01/2026

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#3	01/01/2026	01/01/2027	\$721.75
Special Fund Assessment Installment	#3	01/01/2026	01/01/2027	\$39.91
Current Charges				\$761.66

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$761.66		\$761.66		\$761.66		\$761.66

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3127403

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 04/01/2026

Amount Due: \$761.66

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2026

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jennifer Slaughter
SouthPoint Risk - Russellville	PHONE (A/C, No, Ext): (270) 726-3638
144 N Main St	FAX (A/C, No):
	E-MAIL ADDRESS: jslaughter@southpointrisk.com
	INSURER(S) AFFORDING COVERAGE
Russellville KY 42276	INSURER A: Kentucky Employers Mutual
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2025

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable In WY

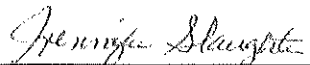
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	☐ OCCUR ☐ CLAIMS-MADE						\$
	DED ☐ RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			309324	01/01/2025	01/01/2026	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☐ N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificates are issued based on the insurance coverage included in the insurance program at the time this certificate was issued. Please review the certificate and contract to be certain the coverage provided meets the contractual obligations. To request any changes to the policy, the named insured must contact our agency.

CERTIFICATE HOLDER

CANCELLATION

Ky Public Service Commission 211 Sower Blvd Frankfort KY 40601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date	November 27, 2024
Invoice Number	3008949
Policy Number	309324
Current Balance	Due Date
\$1,677.93	12/27/2024

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	01/01/2025	01/01/2026	\$1,590.00
Special Fund Assessment Installment	#1	01/01/2025	01/01/2026	\$87.93
Current Charges				\$1,677.93

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,677.93		\$1,677.93

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3008949

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 12/27/2024

Amount Due: \$1,677.93



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date
February 3, 2025
Invoice Number
3025268
Policy Number
309324
Current Balance
\$838.96
Due Date
02/28/2025

Current Balance	Due Date
\$838.96	02/28/2025

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	01/01/2025	01/01/2026	\$795.00
Special Fund Assessment Installment	#2	01/01/2025	01/01/2026	\$43.96
Current Charges				\$838.96

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$838.96		\$838.96

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3025268

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 02/28/2025

Amount Due: \$838.96



INVOICE

NORTH LOGAN WATER DISTRICT
3221 Lewisburg Rd.
ATT: Tim Barr
RUSSELLVILLE, KY 42276-9249

Invoice Date
March 3, 2025
Invoice Number
3033355
Policy Number
309324
Current Balance
\$838.96
Due Date
03/28/2025

AGENT: GENY INSURANCE GROUP LLC DBA SOUTHPOINT RISK - RUSSELLVILLE (270)726-3638

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#3	01/01/2025	01/01/2026	\$795.00
Special Fund Assessment Installment	#3	01/01/2025	01/01/2026	\$43.96
Current Charges				\$838.96

Previous Balance	Payment Received	Current Charges	Current Balance
\$838.96	\$838.96	\$838.96	\$838.96

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
309324

Invoice Number
3033355

☐ Please check this box for change of address or email update (on reverse).

Visit kemi.com/pay
to pay online by check or credit card.

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on the check.
3. Please do not staple the check to the payment stub.
4. Indicate change of address or email update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 03/28/2025

Amount Due: \$838.96