

KACo WORKERS' COMPENSATION FUND

400 Englewood Drive

Frankfort, KY 40601

1-800-264-5226

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE

KACO W/C-4

APPROVED BY: WB T. Am HF

ITEM 1 -

Name and Address of Insured:

East Clark County Water District

PO Box 112

Winchester, KY 40392

ACCT. LIST # 1400

FUND O'm

CK. NO. 21253

ITEM 2 -

Certificate Number: WC2026-0954

REVIEWED BY: ACutb

ITEM 3 -

Effective Date: Wednesday, July 1, 2026

Expiration Date: Thursday, July 1, 2027

12:01 A.M., standard time at the address of the Insured as stated herein.

Cancellation Notice: 60 Days - Pursuant to KRS 304.50

ITEM 4 -

Coverage under this Certificate applies to the Kentucky Workers' Compensation Law. (KRS 342)

ITEM 5 -

Company's Limit of Indemnity Each Occurrence:

(a) For Workers' Compensation:

Statutory

(b) For Employers Liability:

\$2,500,000

ITEM 6 -

Workers' Compensation Premium:

\$6,249.00

ITEM 7 -

Special Fund Tax:

\$346.00

ITEM 8 -

TOTAL PREMIUM:*

\$6,595.00

ITEM 9 -

Payment Options:

(1) Full payment by 8/1/2026. 1% discount applied = \$6,529.05

(2) 50% payment by 8/1/2026 and 3 subsequent equal monthly pmts. on balance.

50% = \$3,297.49 Plus 3 monthly payments of \$1,099.17

Please Note: Effective January 1, 2027 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, 2026

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers' Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS' COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 2nd day of June, 2026

Kris Dunn

Kris Dunn, Associate Director of Insurance



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 K260679
Invoice Date 06/02/2026
Due Date 08/01/2026

Insured Name and Address

Member Number 0441

East Clark County Water District
PO Box 112
Winchester, KY 40392

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2026	Addition of 2026 Ford F-150 (6943) valued at \$49,882 (after pricing released)	\$1,938.00	\$1,938.00
07/01/2026	Annual Premium for 2026-2027 Policy Renewal	\$46,910.00	\$46,910.00
	Total Due		\$48,848.00

Payment Options:

- Option 1: Save 1%; pay \$48,359.52 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$24,424.01 plus 3 monthly payments of \$8,141.33

Please Note: Effective January 1, 2027, 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, 2026.

Please return a copy of this invoice with your payment

APPROVED BY: WB Tam HF
ACCT. LIST # 6610
FUND Dir. m
CK. NO. 21252
REVIEWED BY: Al Castle

Servicing Agency
Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226