East Logan Water District, Inc. KLCIS-WCD2026

KENTUCKY LEAGUE OF CITIES WORKERS' COMPENSATION TRUST

100 East Vine Street, Suite 800, Lexington, KY 40507-3701

859-977-3700 or 800-876-4552

FEIN 61-1238903

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE DECLARATIONS

INFORMATION PAGE

CARRIER CODE 36676

Item 1: East Logan Water District, Inc.
333 S. Franklin Street
Russellville, Kentucky 42276

DECLARATIONS # W5629-2026-27488

Federal ID#: 61-0994079 SIC Code: 49410000 Risk ID#:

Locations - All usual workplaces of the insured at or from which operations covered by this policy are conducted are located at the above address unless otherwise stated herein: See attached schedules for location(s).

Item 2: Policy Period: From 7/1/2026 to 7/1/2027 12:01 A.M. standard time at the Insured's mailing address.

Item 3:

A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Kentucky

B. Employers' Liability Insurance: Part two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident $4,000,000 each employee
Bodily Injury by Disease $4,000,000 each employee
Bodily Injury by Disease $4,000,000 policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states not provided. Coverage provided pursuant to Kentucky Law.

D. This policy includes these forms, endorsements and schedules: KLCIS-WC-EL'2006, WC 00 03 11, WC 00 04 06

Item 4: The premium for this policy will be determined by our Manuals and Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit:

****See Attached Schedule for Classifications****
INSTALLMENT YEAR: 7/1/2026 - 7/1/2027

Premium Subject to Tax	$ 4,519.61
Plus Kentucky Premium Tax (5.53)%	$ 249.93
Estimated Annual Total	$ 4,769.54

Dated Issued: 5/27/2026

From: KLC Workers' Compensation Trust
Lexington, KY 40507-3701

NOTE: Wherever the word **"policy"** appears in the attached forms or endorsements, it will be construed to mean the same as **"declarations"**; wherever the word **"company"** appears, it will be construed to mean the same as **"KLCIS"** . Each of the coverages listed on page one of these declarations is separate and apply to these coverages only.

This coverage has been placed with a workers' compensation self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky and has provided continuous coverage to its members since July 1, 1987.

Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by Suzanne Reed

5/27/2026

(Authorized Agent) Date

KENTUCKY LEAGUE OF CITIES WORKERS' COMPENSATION TRUST

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE DECLARATIONS

Date Issued: 7/1/2026

WC 00 00 01 A
Schedule Page 1

SCHEDULE OF OPERATIONS
Payroll Premium Summary

NAME OF INSURED:	East Logan Water District, Inc.
DECLARATIONS NUMBER	W5629-2026-27488
INSTALLMENT YEAR:	7/1/2026 to 7/1/2027
MEMBER NUMBER:	5629

Classification	Code No.	Payroll Exposure	Rate per $100 of Payroll	Annualized Estimated Manual Premium	Estimated Final Premium	Pro-Rated Estimated Final Premium
Waterworks (Meter Readers, Water Plant)	7520	180,000.00	3.62	6,516.00	4,290.53	4,290.53
Office Employees	8810-01	90,000.00	0.26	234.00	154.08	154.08
Minimum Premium Adjustment-Workers Compensation	MINPWC	0.00	0	0.00	0.00	0.00
Total Premium Subject To Experience Rating (Subject To Tax)				$6,750.00	$4,444.61	$4,444.61

KENTUCKY LEAGUE OF CITIES WORKERS' COMPENSATION TRUST

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE DECLARATIONS

Date Issued: 7/1/2026

SCHEDULE OF OPERATIONS
Premium Summary

NAME OF INSURED:	East Logan Water District, Inc.
DECLARATIONS NUMBER	W5629-2026-27488
INSTALLMENT YEAR:	7/1/2026 to 7/1/2027
MEMBER NUMBER:	5629

Total Scheduled Premium Subject to Experience Rating	6,750.00
Experience Modification Factor (1)	0.00
Modified Premium	6,750.00
Modified Premium Subject to Deductible Credit	6,750.00
Deductible Credit (0)	0.00
Subject to Premium Volume Discount	6,750.00
Premium Volume Discount (-0.098)	-661.50
Subject to Misc. Modifiers	6,088.50
Drug Free Workplace (0)	0.00
Loss Control Modifier (0)	0.00
Miscellaneous Modifier (0)	0.00
Risk Assessment Modifier (-0.27)	-1,643.90
Mono-Line WC Modifier (0)	0.00
Expense Constant	75.00
Total Policy Period Premium Subject to Tax	4,519.61
Kentucky Premium Tax (0.0553)	249.93
DECLARATIONS TOTAL	4,769.54

AGENT OF RECORD: Sharon Shanklin, LLC
1769 Old Trenton Road
Guthrie, KY 42234

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE **WC 00 03 11 A**

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE ENDORSEMENTS

This endorsement adds Voluntary Compensation Insurance to the policy.

A. **How This Insurance Applies**
This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.
1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. **We Will Pay**
We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers' compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

With respect to elected officials, we will pay for medical benefits only as a result of bodily injury. The bodily injury must arise from attendance or travel to and from an official municipal meeting as defined by the Sunshine Law of the State of Kentucky.

With respect to auxilliary and other volunteer personnel, we will pay for medical benefits only as a result of bodily injury. Such other personnel must be reported to us and requested to be covered by this insurance prior to claim.

C. **Exclusions**
This insurance does not cover:
1. Any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. Bodily injury intentionally caused or aggravated by you.

D. **Before We Pay**
Before we pay benefits to the persons entitled to them, they must:
1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. **Recovery From Others**
If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. **Employers' Liability Insurance**
Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers' Compensation Law
As listed on Volunteer Employees Form	Kentucky	

PREMIUM DISCOUNT ENDORSEMENT

Policy Number: W5629-2026-27488
Policy Effective Date: 7/1/2026 to 7/1/2027
Policy Change Number: 001
Change Effective Date: 7/1/2026
Insured: East Logan Water District, Inc.
Company: Kentucky League of Cities Insurance Services WC
Carrier Code: 1

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State: Kentucky

	Estimated Eligible Premium			
	First	Next	Next	
	$4,999	$20,000	$75,000	Balance

2. Average Percentage Discount: -9.8%

3. Other Policies: Policy Effective Date: 7/1/2026 to 7/1/2027

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

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Processed: 5/27/2026

COMMONWEALTH OF KENTUCKY
WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342). Conspicuous posting of this notice is required by law.

Employer:	**East Logan Water District, Inc.**
Address:	**333 S. Franklin Street, Russellville, KY, 42276**
Policy #:	**W5629-2026-27488 effective 7/1/2026 to 7/1/2027**
Workers Compensation Carrier (or third party administrator):	**Kentucky League of Cities Insurance Services.**
Address:	**PO Box 1720, Lexington, KY 40588**
Telephone:	**800-382-7729**
Contact Person:	**Sondra Peach**

EMPLOYEES: IF INJURED - NOTIFY your supervisor **IMMEDIATELY**. When possible, notice should be in writing. FAILURE to notify your supervisor could result in denial of benefits. OBTAIN MEDICAL CARE. Your employer must pay for ALL NECESSARY MEDICAL CARE to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan, employee selection of physicians is LIMITED to the Approved Provider Network, except in certain emergencies. FOR INJURIES REQUIRING CONTINUING CARE, the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN. A form to do so will be furnished by your employer or its insurance carrier.

This employer IS participating in a Managed Care Plan for medical care.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A claim must be filed with Department of Workers Claims WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers compensation rights are not promptly answered, call the Kentucky Department of Workers Claims at 1-800-554-8601 to speak to an Ombudsman or Workers Compensation Specialist.

EMPLOYER SUPERVISORS - NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.