SOUTWAT-01 LCOLYER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/13/2026

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:	
Reed Brothers Ins Services Inc PO Box 778 Somerset, KY 42502	PHONE (A/C, No, Ext): (606) 679-6311	FAX (A/C, No): (606) 679-7736
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers	25666
INSURED	INSURER B : Princeton Excess And Surplus Lines Insurance Company	
Southeastern Water Assoc. Inc 6615 Highway 914 Somerset, KY 42501	INSURER C : Summit Holdings Inc	10335
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE [X] OCCUR			ZLP-41N94993-25-PB	9/14/2025	9/14/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ Included
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 3,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	X ANY AUTO			H-810-B8441847-TIL-25	9/14/2025	9/14/2026	BODILY INJURY (Per person)	$ 1,000,000
	OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ 1,000,000
	HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB [ ] CLAIMS-MADE			60A3FF0001156-00	9/14/2025	9/14/2026	AGGREGATE	$
	[ ] DED [X] RETENTION $ 0							$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ]	N/A		196-47131	9/14/2025	9/14/2026	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Excess			ZUP-41N95001-25-PB	9/14/2025	9/14/2026	Excess	5,000,000

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

CERTIFICATE HOLDER

Kentucky Public Service Commission
211 Sower Boulevard
Frankfort, KY 40601-4636

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.

AUTHORIZED REPRESENTATIVE

Lynn Colyer

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RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 926	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/26/2025
Balance Due On	
9/26/2025	
Amount Paid	Amount Due
	$67,549.00

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Commercial Package | Policy Number: No Participation Policy Number | Effective: 9/14/2025 to 9/14/2026

Item #	Trans Eff Date	Due DateTrans	Description	Amount
24013	9/14/2025	9/26/2025 RENB	25/26 Pkg - Ren	$64,958.00
24014	9/14/2025	9/26/2025 KYTX	Kentucky Tax	$2,591.00

Total Invoice Balance: **$67,549.00**

RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 925	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/26/2025
Balance Due On	
9/26/2025	
Amount Paid	Amount Due
	$15,373.50

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Commercial Umbrella Policy Number: 60A3FF0001156-00 Effective: 9/14/2025 to 9/14/2026

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
24011	9/14/2025	9/26/2025	NEWB	25/26 Excess Liability - New	$13,125.00
24012	9/14/2025	9/26/2025	KYTX	Kentucky Tax & Fee	$2,248.50

Total Invoice Balance: **$15,373.50**

SOUTWAT-01 APETERCHEFF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2026

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Reed Brothers Ins Services Inc PO Box 778 Somerset, KY 42502	PHONE (A/C, No, Ext): (606) 679-6311	FAX (A/C, No): (606) 679-7736
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers	25666
INSURED	INSURER B : Princeton Excess And Surplus Lines Insurance Company	
Southeastern Water Assoc. Inc 6615 Highway 914 Somerset, KY 42501	INSURER C : Summit Holdings Inc	10335
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			ZLP-41N94993-26-PB	9/14/2026	9/14/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	X ANY AUTO			H-810-B8441847-TIL-26	9/14/2026	9/14/2027	BODILY INJURY (Per person)	$ 1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ 1,000,000
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE			60A3FF0001156-01	9/14/2026	9/14/2027	AGGREGATE	$
	DED X RETENTION $ 0							$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A		196-47131	9/14/2026	9/14/2027	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Commercial Umbrella			ZUP-41N95001-26-PB	9/14/2026	9/14/2027	Excess	5,000,000

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

CERTIFICATE HOLDER

Kentucky Public Service Commission
211 Sower Boulevard
Frankfort, KY 40601-4636

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.

AUTHORIZED REPRESENTATIVE

Lynn Calyer

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RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 1084	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/25/2026
Balance Due On	
9/25/2026	
Amount Paid	Amount Due
	$21,785.00

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Business Auto — Policy Number: H-810-B8441847-TIL-26 — Effective: 9/14/2026 to 9/14/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
27572	9/14/2026	9/25/2026	RENB	26/27 Business Auto Renewal	$21,400.00
27573	9/14/2026	9/25/2026	KYTX	Kentucky Tax	$385.00

Total Invoice Balance: **$21,785.00**

RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 1083	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/25/2026
Balance Due On	
9/25/2026	
Amount Paid	Amount Due
	$10,516.00

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

General Liability Policy Number: ZLP-41N94993-26-PB Effective: 9/14/2026 to 9/14/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
27570	9/14/2026	9/25/2026	RENB	26/27 General Liability; Professional Liability, EBL, EPLI Re	$10,331.00
27571	9/14/2026	9/25/2026	KYTX	Kentucky Tax	$185.00

Total Invoice Balance: **$10,516.00**

RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 1082	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/25/2026
Balance Due On	
9/25/2026	
Amount Paid	Amount Due
	$29,820.00

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Commercial Package | Policy Number: H-630-B8441847-TIL-26 | Effective: 9/14/2026 to 9/14/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
27568	9/14/2026	9/25/2026	RENB	26/27 Commercial Package Renewal	$29,293.00
27569	9/14/2026	9/25/2026	KYTX	Kentucky Tax	$527.00

Total Invoice Balance: **$29,820.00**

RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 1081	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/25/2026
Balance Due On	
9/25/2026	
Amount Paid	Amount Due
	$17,476.58

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Commercial Umbrella Policy Number: 60A3FF0001156-01 Effective: 9/14/2026 to 9/14/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
27566	9/14/2026	9/25/2026	RENB	26/27 Commercial Umbrella Renewal	$16,275.00
27567	9/14/2026	9/25/2026	KYTX	Kentucky Tax	$1,201.58

Total Invoice Balance: **$17,476.58**

RBI | Reed Brothers Insurance

PO Box 778
Somerset, KY 42502
Phone: (606) 679-6311

Invoice # 1085	Page 1 of 1
Account Number	Date
SOUTWAT-01	9/25/2026
Balance Due On	
9/25/2026	
Amount Paid	Amount Due
	$15,288.00

Southeastern Water Assoc. Inc
6615 Highway 914
Somerset, KY 42501

Commercial Umbrella Policy Number: ZUP-41N95001-26-PB Effective: 9/14/2026 to 9/14/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
27574	9/14/2026	9/25/2026	RENB	26/27 Commercial Umbrella Renewal	$15,018.00
27575	9/14/2026	9/25/2026	KYTX	Kentucky Tax	$270.00

Total Invoice Balance: **$15,288.00**