



Date: June 2, 2026
To: Woodford County Fiscal Court
From: Jeremy Baird
KACo Workers' Compensation Fund
Re: 2026-2027 Workers' Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Workers' Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed you will find the following KACo Workers' Compensation Fund renewal documents:

Renewal Certificate

2026-2027 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2026, as well as the penalty that will apply if your premium is not paid in full by 12/31/2026.

Please remit payment to:

KACo Workers' Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

The enclosed **Application for Membership Agreement (KACo W/C-3)**, has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the “X’s” and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to insurance@kaco.org. If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance.

If you have any questions, please do not hesitate to contact your Marketing Representative, Rob Brown, at 859-333-0862, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers' Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

KACo WORKERS' COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE

KACO W/C-4

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- ITEM 1 -** Name and Address of Insured:
Woodford County Fiscal Court
Woodford County Courthouse
103 South Main Street, Room 200
Versailles, KY 40383
- ITEM 2 -** Certificate Number: WC2026-0120
- 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: \$389,507.00
- ITEM 7 -** Special Fund Tax: \$21,540.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$411,047.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2026. 1% discount applied = \$406,936.53
(2) 50% payment by 8/1/2026 and 3 subsequent equal monthly pmts. on balance.
50% = \$205,523.51 Plus 3 monthly payments of \$68,507.83

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, Associate Director of Insurance

APPLICATION FOR MEMBERSHIP AGREEMENT

Kentucky Association of Counties Workers' Compensation Fund

NAME: Woodford County Fiscal Court

ADDRESS: Woodford County Courthouse, 103 South Main Street, Room 200, Versailles, KY 40383

WE ARE LOCATED IN THE COUNTY OF: Woodford

CURRENT WORKERS' COMP CARRIER: KACo Workers' Compensation Fund

I (we) hereby formally apply for continuing membership for workers' compensation coverage in the Kentucky Association of Counties Workers' Compensation Fund to be effective 12:01 a.m. Wednesday, July 1, 2026, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers' Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers' Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers' Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers' Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

X

Signature of Applicant

X

Signature of Witness

Type Name and Title

616000973

Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

Woodford County Fiscal Court, is a member of the Kentucky Association of Counties Workers' Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2026.

Signed this _____ day of _____, 20_____

Kris Dunn, Associate Director of Insurance
KACo Workers' Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.