

HIG Education-Public Entity Insurance

505 Wellington Way, Suite 275
Lexington, KY 40503

Phone: (859) 296-4580
Fax: (859) 296-4583

Invoice # 167162	Page 1 of 1
Account Number	Date
POWECO-P12	12/3/2024
BALANCE DUE ON	
1/25/2025	
AMOUNT PAID	Amount Due
	\$31,575.00

Powell County Board Of Education
691 Breckinridge Street
PO Box 430
Stanton, KY 40380-0430

CSR
Jean Troll

Commercial Builders Risk	PolicyNumber: BMO67148757	Effective: 1/25/2025 to 1/25/2026
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
1826496	1/25/2025	1/25/2025	RENB	Renewal Builders Risk	\$31,575.00

Total Invoice Balance: \$31,575.00



Coverage Is Provided In:
The Ohio Casualty Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BMQ(26) 67 14 87 57
Policy Period:
From 01/25/2025 To 01/25/2026
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

POWELL COUNTY BOARD OF EDUCATION
691 BRECKENRIDGE ST
STANTON, KY 40380

Agent Mailing Address & Phone No.

(270) 737-2828
HOUCHENS INS GROUP INC DBA CURNEAL
& HIGNITE INSURANCE
410 Ring Rd
Elizabethtown, KY 42701-8703

Named Insured Is: ASSOCIATION

Named Insured Business Is: NEW CONSTRUCTION OF ELEMENTARY SCHOOL

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

Commercial Inland Marine

\$31,575.00

Total Charges for all of the above coverage parts: \$31,575.00
Certified Acts of Terrorism Coverage: \$374.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

IN THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RETAIN NO LESS THAN \$450.00 OF THE POLICY PREMIUM AS THE MINIMUM EARNED PREMIUM INCLUDING CERTIFIED ACTS OF TERRORISM COVERAGE, PLUS ANY APPLICABLE TAXES AND SURCHARGES.

Issue Date 11/03/24

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 11 16

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175 Berkeley St., Boston, MA 02116

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From 01/25/2025 To 01/25/202612:01 am Standard Time
at Insured Mailing Location**Common Policy Declarations****Named Insured**POWELL COUNTY BOARD OF EDUCATION
691 BRECKENRIDGE ST
STANTON, KY 40380**Agent**(270) 737-2828
HOUCHENS INS GROUP INC DBA CURNEAL
& HIGNITE INSURANCE
410 Ring Rd
Elizabethtown, KY 42701-8703**SUMMARY OF LOCATIONS**

0001 777 W College Ave, Stanton, KY 40380-2239

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER**TITLE**

CL 01 00 03 99	Common Policy Conditions
CL 01 56 05 13	Kentucky Amendatory Endorsement
CL 06 00 01 15	Certified Terrorism Loss
CL 07 00 10 06	Virus or Bacteria Exclusion
CL 16 50 06 06	Conditional Nuclear, Biological, and Chemical Terrorism Exclusion
CM 70 02 01 01	Protective Safeguards - Additional Perils
CM 88 94 03 19	Builders' Risk Extension Plus Endorsement
CM 89 65 08 21	Cyber Incident Exclusion
IL 88 53 11 20	Actual Cash Value
IM 20 35 04 04	Amendatory Endorsement - Kentucky
IM 70 50 04 04	Builders' Risk Coverage-Scheduled Jobsite Broad
IM 70 61 04 04	Soft Cost & Rental Income Endorsement

In witness whereof, we have caused this policy to be signed by our authorized officers.

Damon Hart
SecretaryHamid Mirza
President

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



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**Commercial Inland Marine
Declarations**

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SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Builders Risk	\$31,201.00
	Commercial Inland Marine Schedule Totals	\$31,201.00
	Certified Acts of Terrorism Coverage	\$374.00

Total Advance Charges: \$31,575.00

Note: This is not a bill

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DS 70 22 01 08



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**BUILDERS RISK
BROAD FORM**

SCHEDULED LOCATIONS

Loc. No.	Location	Limit
0001	777 W College Ave Stanton, KY 40380	\$ 24,712,422

COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$ 5,000
Emergency Removal	10 days
Emergency Removal Expenses	\$ 10,000
Fraud and Deceit	\$ 50,000
Limited Fungus Coverage	\$ 15,000
Waterborne Property	\$ 10,000

SUPPLEMENTAL COVERAGES

Contract Penalty	\$ 10,000
Expediting Expenses	\$ 10,000
Fire Department Service Charges	\$ 1,000
Personal Property	\$ 10,000
Ordinance Or Law (Undamaged Parts Of a Building)	\$ Covered
Ordinance Or Law (Increased Cost To Repair And Cost to Demolish/Clear Site)	\$ 50,000
Pollutant Cleanup and Removal	\$ 25,000
Rewards	\$ 1,000
Sewer Backup Coverage	\$ 10,000
Storage Locations	\$ 10,000

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IM 70 55 04 04



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SUPPLEMENTAL COVERAGES (cont)

Testing \$ 10,000

Transit \$ 10,000

Trees, Shrubs, and Plants \$ 10,000

Earthquake Coverage

☐ Coverage Not Provided

☒ Coverage Provided, as described below:

Earthquake Limit -- The most "we" pay
for loss to any one building or
structure is: \$ 5,000,000

Earthquake Catastrophe Limit -- The most
"we" pay for loss in any one occurrence is: \$ 5,000,000

Flood Coverage

Flood Limit -- The most "we" pay
for loss to any one building or
structure is: \$ _____

Flood Catastrophe Limit -- The most
"we" pay for loss in any one occurrence is: \$ _____

DEDUCTIBLE

Deductible Amount \$ 25,000

Deductible Amount

☒ Earthquake Coverage \$ 25,000

☐ Flood Coverage \$ _____

☐ Sewer Backup Coverage \$ _____

COINSURANCE (Select One)

☒ 100%

☐ Coinsurance Provisions Are Waived

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SUPPLEMENTAL COVERAGES (cont)

PERMISSION TO OCCUPY

(X) Permission to occupy is not granted.

() The occupancy and use provisions under Additional Coverage
Limitations are deleted, and permission is granted to occupy covered
property after the date indicated below:

Month ____ Day ____ Year ____

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SOFT COST SCHEDULE
SOFT COST AND RENTAL INCOME

Location

777 W College Ave
Stanton, KY 40380

SOFT COST

Limit

The most "we" pay for soft cost
expenses in any 30 day period is: \$ 5,397,654

The most "we" pay in any one occurrence
for soft cost expenses is: \$ 5,397,654

RENTAL INCOME

The most "we" pay for loss of rental
income in any 30 day period is: \$ _____

The most "we" pay in any one occurrence
for loss of rental income is: \$ _____

COVERAGE EXTENSIONS

Expenses To Reduce Loss \$ Covered

Interruption By Civil Authority \$ Covered

Limited Fungus Coverage _____ days

SUPPLEMENTAL COVERAGES

Earthquake Coverage

(X) Coverage Not Provided

() Coverage Provided, as described below:

Earthquake Limit -- The most "we" pay
for loss to any one building or
structure is: \$ _____

Earthquake Catastrophe Limit -- The most
"we" pay for loss in any one occurrence is: \$ _____

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IM 70 62 04 04



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SUPPLEMENTAL COVERAGES (cont)

Flood Coverage

☒ (X) Coverage Not Provided

☐ () Coverage Provided, as described below:

Flood Limit -- The most "we" pay
for loss to any one building or
structure is:

\$ _____

Flood Catastrophe Limit -- The most
"we" pay for loss in any one occurrence is:

\$ _____

Sewer Backup Coverage

☒ (X) Coverage Not Provided

☐ () Coverage Provided, as described below:

Sewer Backup Limit -- The most "we" pay in
any one occurrence for loss caused
by sewer backup is:

\$ _____

☐ () Sewer Backup Coverage

\$ _____

WAITING PERIOD

☐ () Not Applicable

☒ (X) Number of Days 5

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IM 70 62 04 04

General Endorsement

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This Endorsement Changes The Policy. Please Read It Carefully.

Protective Safeguards - Additional Perils

PLEASE READ THIS CAREFULLY. This endorsement modifies insurance provided under the following: IM 7050 - Builders' Risk Coverage - Scheduled Jobsite Form - Broad Form

PROTECTIVESAFEGUARDSENDORSEMENT

ADDITIONAL CONDITIONS

As a condition of your coverages identified below, "You" are required to maintain, at all times during the policy period, the protective devices and services described on the Protective Devices Schedule.

ADDITIONAL PERILS EXCLUDED

As respects to the safeguards specified in the protective devices schedule, the following exclusion is added to Perils Excluded:

"We" do not pay for any loss, if prior to the loss, "you":

1. had any knowledge of any suspension or impairment in any protective device or service described on the Protective Devices Schedule and did not notify "us"; or
2. failed to maintain in complete working order, any protective device or service described on the Protective Devices Schedule which "you" control.

PROTECTIVEDEVICESSCHEDULE

Please check all that apply:

☒ Fenced, fully enclosing job site with a chain link fence (or similar like alternative) at a minimum of at least six feet in height and the gates locked during nonwork/non-operational hours.

☐ Dedicated stand-by firefighting equipment will be provided at the cutting or welding area.

☐ The insured shall install and employ a water flow alarm on all active water lines. The insured shall exercise due diligence in maintaining the water flow alarm in good working order.

☐ Video Surveillance monitoring that is: (1) Around the perimeter and interior of the building or structure; and (2) Supervised by an independent security service at all times during which normal operations usual to the conduct of your business are not being performed.

☐ There will be an operating fire hydrant operating under adequate water pressure within 100 feet of the premises, within days after policy inception.

☒ Proper lighting around the entrances of the building, jobsite, or structure, including fence gates

☐ Private Watchperson, that you employ for duty to guard the job site during non-work hours making at least hourly rounds.

☒ Other: The Insured must post water valve maps throughout project/jobsite and review with sub-contractors prior to work beginning. The Insured must also maintain water cleanup/mitigation kits on the project/jobsite.

All other terms and conditions of the policy remain unchanged.

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