INVOICE

PEOPLES INSURANCE GROUP P O BOX 682 GEORGETOWN, KY 40324 PHONE 605-653-2271 FAX: 605-464-0871

April 29, 2025

DATE

POWELL COUNTY BOARD OF EDUCATION 691 BRECKINRIDGE ST STANTON, KY 40380 ٤

\$595.43 595.43 PREMIUM DUE 400,000.00 TOTAL PREMIUM DUE AMOUNT ₩ TREASURER BOND PROPERTY & COVERAGE ALICIA FRAZIER THANK YOU LIBERTY MUTUAL INSURANCE COMPANY COMPANY POLICY NUMBER 999077377 RENEWAL DATE 7/1/2025 TO 7/1/2026





National Bond Center 350 E. 96th Street Indianapolis, Indiana 46240 +1 (888) 8442663 Fax: +1 (866) 5474883

April 2, 2025 Registered:

Product Segment: Commercial Transactional

Producer Name: MARCIA THOMAS

971200 Agency Code:

Principal:

Alicia Frazier 240 Doe Valley Dr Clay City, Kentucky 40312 Account:

Agency:

RENGERING INSURANCE PROFESSIONALS

PO BOX 682

Georgetown, Kentucky 40324

Invoiced To:

RENGERING INSURANCE PROFESSIONALS

PO BOX 682

Georgetown, Kentucky 40324

Transaction Eff. Date: 07/01/2025

Obligee:

Powell County Board of Education

691 Breckenridge St Stanton, Kentucky 40380 Additional Obligee:

Cross Reference:

LMS Bond Number:

Bond Period:

Days Notice:

Bond Amount:

Company:

999077377

07/01/2025 to 07/01/2026

60 Days

The Ohio Casualty Insurance Company

300,000.00 USD 300,000.00 USD

Premium Period:

Renewal Type:

07/01/2025 to 07/01/2026

Renew By Certificate

108

Class Code:

Co-surety:

Bond Description:

LMS Bonded Amount:

Treasurer

Agency Comments:

Bond Premium:

.465.00 USD

Taxes and Fees:

8.37 USD

Commission:

Net Premium:

User: S . User

Printed: 04/03/2025



Report of Changing Bond Amount

April 24, 2025 Registered:

Product Segment: Commercial Transactional MARCIA THOMAS Producer Name:

Agency Code: 971200

Account:

Principal: Alicia Frazier 240 Doe Valley Dr Clay City, Kentucky 40312

Agency:

RENGERING INSURANCE PROFESSIONALS

PO BOX 682

Georgetown, Kentucky 40324

Invoiced To:

RENGERING INSURANCE PROFESSIONALS

PO BOX 682

Georgetown, Kentucky 40324

Obligee:

Powell County Board of Education

691 Breckenridge St Stanton, Kentucky 40380 **Additional Obligee:**

LMS Bond Number:

Bond Period:

Days Notice:

Bond Amount:

Company:

999077377

07/01/2025 to 07/01/2026

60 Days

The Ohio Casualty Insurance Company

400,000 USD

LMS Bonded Amount:

400,000 USD

Cross Reference:

Transaction Eff. Date: 07/01/2025

Premium Period:

07/01/2025 to 07/01/2026

Renewal Type:

Renew by Certificate

Class Code:

108

Co-surety:

Bond Description:

Treasurer

Agency Comments:

Bond Premium:

120.00 USD

Taxes and Fees:

2.16 USD

User: Kendrick, Jeannie L

Printed: 04/24/2025



National Bond Center 350 F. 96th Street Indianapolis, Indiana 46240 +1 (888) 844-2663 Fax: +1 (866) 547-4883

Change Bond Increase/Decrease Rider

To be attached to and form a part of surety bond number 999077377 dated the 6th day of November, 2020 issued by The Ohio Casualty Insurance Company as surety (the "Surety"), on behalf of Alicia Frazier as principal (the "Principal"), in favor of Powell County Board of Education, as obligee (the "Obligee").

The Principal and Surety hereby consent to changing the attached bond as follows:

The Bond Amount is changed from 300,000 USD to 400,000 USD.

This change is effective the 1st day of July, 2025.

The attached bond shall be subject to all of its terms, conditions and limitations except as herein modified.

IN WITNESS WHEREOF, said Principal and Surety have caused these presents to be duly signed and sealed this 24th day of April, 2025.

WITNESS / ATTEST		
Alicia Frazier (Principal)	By: Title:	(Seal)
The Ohio Casualty Insurance Company (Surety)	By: Timothy A. Mikolajewski, Assistant Sec Date: 04/24/2025	rctary (NSURVE) (NSUR
Powell County Board of Education (Obligee)	By: Title:	(Seal)