

Pascoag Utility District – Agreement for Professional Services

“ATTACHMENT A”

AGREEMENT FOR PROFESSIONAL CONSULTANT SERVICES

This Agreement is by and between the Pascoag Utility District, a quasi-municipal corporation, hereinafter described as “District” and, B & E Consulting, LLC, hereinafter described as “Consultant.” This Agreement is made and entered into effective on the date the District signs this Agreement.

WHEREAS, the District has determined it is in the public interest to proceed with the work hereinafter described as “Project;” and

WHEREAS, the District has determined the Project involves the performance of professional and technical services of a temporary nature as more specifically described in the District’s Request for Proposal and Consultant’s Proposal hereto; and

WHEREAS, the District does not have available employees to perform the services for the Project; and

WHEREAS, the District has requested the Consultant to perform such service for the Project; and

WHEREAS, the Consultant is professionally qualified to perform the professional and technical services required for the Project;

THEREFORE, the District and the Consultant, for the consideration hereinafter described, mutually agree as follows:

DESCRIPTION OF PROJECT

1. The Project is described as the “Cost of Service Study and Rate Design for Electric and Water Departments.

SCOPE OF SERVICES

2. The Consultant’s scope of service is described in the Consultant’s Proposal ¹attached hereto and incorporated herein by this reference. In the event of a conflict, the District’s Request for Proposal ²shall take precedence over the Consultant’s Proposal.
3. The District’s responsibility is described in the “District Services to be provided to Consultant³.” It is attached hereto and incorporated herein by this reference.

¹ See “Attachments”, Item 2

² See “Attachments”, Item 1

³ See “Attachments”, Item 3

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PAYMENT TERMS

4. The District agrees to pay the Consultant and the Consultant agrees to receive a “Not-to Exceed” fee of \$37,800 for the Electric Department and \$14,625 for the Water Department in accordance with the payment terms provided on “Payment Term Sheet⁴” attached hereto and incorporated herein by this reference.

TIME FOR PERFORMANCE

5. The Consultant shall commence services upon receipt of written direction to proceed from the District.
6. The Consultant shall perform the work described in accordance with the timeline set forth in “Schedule of Performance.⁵” It is attached hereto and incorporated herein by this reference.

Failure to meet the scheduled deadlines will result in a penalty of one-hundred dollars (\$100) per day for each after the deadline has passed without compliance.

The Consultant and the District agree that the schedule in Paragraph 6 above represents their best estimates with respect to completion dates, and both the Consultant and the District acknowledge that it will not unreasonably withhold approval of the Consultant’s requests for extensions of time in which to complete the work required by the Consultant hereunder.

7. The Consultant shall not be responsible for performance delays caused by others or delays beyond the Consultant’s reasonable control, and such delays shall extend the time for performance of the work by the Consultant. Delays caused by non-performance or unjustified delay in performance by a sub consultant of the Consultant are not considered to be beyond the Consultant’s reasonable control.
8. (a) The Consultant agrees that the personnel, including the principal Project manager, and all sub consultants assigned to the Project by the Consultant, shall be subject to the prior approval of the District.

(b) No change in sub consultants or key personnel shall be made by the Consultant without written prior approval of the District.

SPECIAL PROVISIONS

9. It is understood and agreed that the Consultant is, and at all times shall be, an independent contractor and nothing contained herein shall be construed as making the Consultant or any individual whose compensation for services is paid by the Consultant, an agent or employee of the District, or authorizing the Consultant to create or assume any obligation or liability for or on behalf of the District.

⁴ See “Attachments”, Item 4

⁵ See “Attachments”, Item 5

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10. The Consultant may also retain or subcontract for the services of other necessary consultants with the prior written approval of the District. Payment for such services shall be the responsibility of the Consultant. Any and all sub consultants employed by the Consultant shall be subject to the terms and conditions of this Agreement, except that the District shall have no obligation to pay any sub consultant for services rendered on the Project.
11. The Consultant and the District agree to use reasonable care and diligence to perform their respective services under this Agreement. Unless hereinafter specified, neither party shall be responsible for the services of the other or any subcontractor or sub-consultant employed by the other party.
12. The Consultant shall comply with applicable federal, state, and local laws in the performance of work under this Agreement.
13. (a) The Consultant agrees to indemnify, defend and hold harmless the District, its officers, agents and employees from any and all liability, claims, demands, damages, or injuries to any person, including injury to the Consultant's employees and all claims which arise from or are connected with the negligent performance of or failure to perform the work or other obligations of the Consultant under this Agreement, or are caused or claim to be caused by the negligent acts of the Consultant, its officers, agents or employees, or its sub consultant(s) or any person acting for the Consultant or under its control or direction; provided, however, that this indemnification and hold harmless shall not include claims arising from the sole negligence or willful misconduct of the District, its officers, agents or employees.

(b) The District agrees to indemnify, defend and hold harmless the Consultant and their officers, agents and employees from any and all liability, claims, damages or injuries to any person, including injury to the District's employees and all claims which arise from or are connected with the negligent performance or failure to perform the services or other obligations of the District under this Agreement, or are caused or claim to be caused by the negligent acts of the District, its officers, agents or employees, or its subcontractor(s) or any person acting for the District or under its control or direction; provided, however, that this indemnification and hold harmless shall not include any claims arising from the negligence or willful misconduct of the Consultant, its officers, agents, or employees.
14. (a) The Consultant shall procure and maintain, at its sole expense, throughout the term of this Agreement and any extension thereof, Professional Errors and Omission Insurance coverage in the form and substance and with carriers acceptable to the District. Such coverage limits shall not be less than \$1,000,000 per claim and aggregate.

(b) During the entire term of this Agreement, the Consultant agrees to procure and maintain General Liability Insurance in form and substance and with carriers acceptable to the District at its sole expense to protect against loss from liability imposed by law for damages on account of bodily injury, including death therefore, suffered or alleged to be suffered by any person or persons whomever, resulting directly or indirectly from any act or activities of the Consultant, its sub consultant or any person acting for the Consultant or under its control or direction, and also to protect against loss from liability imposed by law for damages to any

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property of any persons caused directly or indirectly by or from acts or activities of the Consultant or its sub consultants, or any person acting for the Consultant or under its control or direction.

(c) Such General Liability Insurance shall be maintained in full force and effect throughout the terms of the Agreement and any extension thereof in the minimum limits provided below:

General Liability

Bodily Injury	\$1,000,000 per occurrence
Property Damage	\$500,000 per occurrence

A combined single limit policy with aggregate limits in the amount of \$2,000,000 will be considered equivalent to the above minimum limits.

(d) If the Project under this Agreement results in an increased or decreased risk in the opinion of the District, then the Consultant agrees that the minimum limits hereinabove designated shall be changed accordingly upon request by the District

(e) The Consultant shall procure and maintain, at its sole expense, and throughout the term of this Agreement and any extension thereof, Public Liability and Property Damage Insurance coverage for owned and non-owned automotive equipment operated on District premises. Such coverage limits shall not be less than \$1,000,000 combined single limit.

(f) The Consultant shall procure and maintain, at its sole expense, Workers' Compensation Insurance in such amounts as will fully comply with the laws of the State of Rhode Island and which shall indemnify, insure and provide legal defense for both the Consultant and the District against any loss, claim, or damage arising from any injuries or occupational diseases happening to any worker employed by the Consultant in the course of carrying out the Agreement.

(g) The District, its officers, employees and agents shall be named as additional insured on all policies of insurance except errors and omissions and workers' compensation.

(h) A Certificate of Insurance and appropriate additional insured endorsement evidencing the above insurance coverage shall be submitted to the District prior to the execution of this Agreement.

(i) Insurance companies providing insurance hereunder shall be rated A- or better in Best's Insurance Rating Guide.

16. During the performance of this Agreement, the Consultant will not unlawfully discriminate against any employee or applicant for employment because of race, religion, creed, color, national origin, sex, or age.

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17. The Consultant shall deliver to the District fully completed and detailed project-related documents which shall become the property of the District. The Consultant may retain, for its files, copies of any and all material, including drawings, documents, and specifications, produced by the Consultant in performance of this Agreement.

The Consultant shall be entitled to copies of all furnished materials for his files and sub consultants, if any.

The District agrees to hold the Consultant free and harmless from any claim arising from any unauthorized use of computations, maps, and other documents prepared or provided by the Consultant under this Agreement, if used by the District on other work without the permission of the Consultant. Consultant acknowledges that Consultant work product produced under this agreement may be public record under State law.

18. The District may terminate this Agreement without fault on the part of Consultant by giving at least ten (10) days written notice to the Consultant. The written notice shall specify the date of termination. Upon receipt of such notice, the Consultant may continue services on the project through the date of termination, provided that no service(s) shall be commenced or continued after receipt of the notice, which is not intended to protect the interest of the District. The District shall pay the Consultant within thirty (30) days after the date of termination for all non-objected to services performed by the Consultant in accordance herewith through the date of termination. Such termination may be effective immediately.

Either party may terminate this Agreement for cause. In the event the District terminates this Agreement for cause, the Consultant shall perform no further service(s) under the Agreement unless the notice of termination authorizes such further work.

19. This Agreement is binding upon the District and the Consultant and their successors and assigns. Except as otherwise provided herein, neither the District nor the Consultant shall assign, sublet, or transfer its interest in this Agreement or any part thereof without the prior written consent of the other.

20. A District representative shall be designated by the District and a Consultant representative shall be designated by the Consultant. The District representative and the Consultant representative shall be the primary contact person for each party regarding performance of this Agreement. The District representative shall cooperate with the Consultant, and the Consultant's representative shall cooperate with the District in all matters regarding this Agreement and in such a manner as will result in the performance of the services in a timely and expeditious fashion.

21. This Agreement represents the entire and integrated Agreement between the District and the Consultant, and supersedes all prior negotiations, representations or Agreements, either written or oral. This Agreement may be modified or amended only by a subsequent written Agreement signed by both parties.

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22. Where the payment terms provide for compensation on a time and materials basis, the Consultant shall maintain adequate records to permit inspection and audit of the Consultant's time and materials charges under this Agreement the Consultant shall make such records available to the District at the Consultant's office during normal business hours upon reasonable notice. Nothing herein shall convert such records into public records. Except as may be otherwise required by law, such records will be available only to the District. Such records shall be maintained by the Consultant for three (3) years following completion of the services under this Agreement.

23. The District and the Consultant agree, that to the extent permitted by law, until final approval by the District, all data shall be treated as confidential and will not be released to third parties without the prior written consent of both parties.

24. The Consultant shall employ no District official or employee in the work performed pursuant to this Agreement. No officer or employee of the District shall have any financial interest in this Agreement.

25. All plans, drawings, specifications, reports, logs, and other documents prepared by the Consultant in its performance under this Agreement shall, upon completion of the project, be delivered to and be the property of the District, provided that the Consultant shall be entitled, at its own expense, to make copies thereof for its own use.

26. The laws of the State of Rhode Island shall govern the rights, obligations, duties, and liabilities of the parties to this Agreement, and shall also govern the interpretation of this Agreement.

IN WITNESS HEREOF, the parties have each caused their authorized representative to execute this Agreement.

Pascoag Utility District

By: Michael R. Kirkwood
Michael Kirkwood, General Manager/CEO

Date: April 7, 2020

Attest:

(Consultant Name)

By: David G. Belya CPA
David G Belya CPA

Title: President

Date: April 8, 2020

Attest:

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ATTACHMENTS:

1. **Request for Proposal**

2. **Consultant's Scope of Service**

3. **District Services to be Provided to Consultant:**
 - a. **Furnish the Consultant all in-house data which is pertinent to services to be performed by the Consultant and which is within the control of the District.**
 - b. **Provide timely review, processing and reasonably expeditious approval of all submittals by the Consultant.**
 - c. **Provide timely District staff liaison with the Consultant when requested and when reasonably needed.**

4. **Terms of Payment:**
 - a. **The Consultant's compensation shall not exceed \$37,800 (Electric) and \$14,625 (Water).**
 - b. **The Consultant will submit an invoice to the District once a month for progress payments along with documentation evidencing services completed to-date. The progress payment is based on actual time and materials expended in furnishing authorized professional services during the preceding calendar month. At no time will the District pay for more service than have been satisfactorily completed and the District's determination of the amount due for any progress payment shall be final.**
 - c. **The District shall pay the Consultant for all invoiced, authorized professional services within thirty (30) days of receipt of the invoice for same.**
 - d. **Any fees for authorized professional services furnished by the Consultant which have not been paid of Contested by the City within thirty (30) days of the District's receipt of the invoice for such services may be subject to a late charge of one –half percent (1/2%) of the unpaid amount for each month for which payment has not been received by the Consultant**

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ATTACHMENTS (continued):

5. Schedule of Performance

a. Time Line

- | | |
|---|----------------------|
| i. Present draft report (electric and water) to District | Sept 30, 2020 |
| ii. Submit District approved report to RIPUC | Oct 14, 2020 |
| iii. Submit District approved report to Board | Oct 28, 2020 |

STATE OF RHODE ISLAND
DIVISION OF PUBLIC UTILITIES AND CARRIERS
 89 Jefferson Boulevard Warwick, RI 02888
 Phone: (401) 941-4500 Fax: (401) 941-9248 Web: www.ripuc.ri.gov

Pascoag Utility District
 P.O. Box 107
 Pascoag RI 02859
 Attention: Mike Kirkwood

INVOICE NUMBER: 45

INVOICE DATE: December 18, 2020

Total Amount Due by January 18, 2021
*Interest at the rate of 6% per annum may
 be added if invoice is not paid by the due
 date. (R.I. GL - 39-1-24)*

ASSESSMENT INVOICE

This invoice is in accordance with Section 39-1-23 of the
 General Laws of the State of Rhode Island.
 For FY2021 - July 1, 2020 to June 30, 2021

Company Name:
 Pascoag Utility District

Assessment Amount Due:
\$37,491.48

Breakdown of Assessment Calculation

<u>Item 1</u>	<u>Item 2</u>	<u>Item 3</u>	<u>Item 4</u>	
Utility Revenue Reported FY2019	Agency Assessment FY2021	Revenues Reported All Utilities	Amount Paid In Advance	Amount Due By January 18, 2021
\$8,037,104	\$9,269,652	\$1,987,148,887	\$0	\$37,491.48

Steps for calculating the assessment

(Item 1 / Item 3 * Item 2) - Item 4 = Assessment Amount Due

R.I. General Law 39-1-23. Administrative expenses - Assessment against utilities.

The administrator shall aggregate the expenses of the division, including expenses incurred by the attorney general pursuant to 39-1-19, and expenses incurred by the commission for each upcoming fiscal year and shall apportion and assess these expenses among the state's regulated utilities based upon approved budgets .

Please Make Check Payable To:

Received: DEC 21 2020
 Approved: [Signature]
 GL Account: 930.21
 Vendor #: 49
 Invoice #: 45

land Division of Public Utilities
 Attn: Becky Harwood
 9 Jefferson Boulevard
 wick, Rhode Island 02888

PAYROLL JOURNAL

0012 0012-N426 Pascoag Utility District

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS		
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS						
						<i>Employer Liabilities</i>					
						Social Security	135:04				
						Medicare	31:58				
						TOTAL EMPLOYER LIABILITY	166:62				
						TOTAL TAX LIABILITY	597:42				
COMPANY TOTALS											
18 Person(s) 18 Transaction(s)	Regular		376.00	15,913:10		Social Security	1,594:02	401k	2,046:60	Check Amt	0.00
	Other Earnings			650:00		Medicare	372:81	Garnishment	398:51	Dir Dep	17,041:52
	Overtime	15.00		706:84		Fed Income Tax	2,946:29	LTDATLTD	22:07		
	Holiday	144.00		3,756:16		RI Income Tax	921:85	S125 Dental	67:01		
	Sick	8.00		139:92		RI Disability	258:88	S125 FSA	265:53		
	Vacation	192.00		5,564:72				S125 Health	788:05		
								Vision	7:60		
	COMPANY TOTAL		735.00	26,730:74			6,093:85		3,595:37	Net Pay	17,041:52
	Other Items: (Do not increase Net Pay.)										
	GTL				107:25						
						<i>Employer Liabilities</i>					
						Social Security	1,594:00				
						Medicare	372:79				
						TOTAL EMPLOYER LIABILITY	1,966:79				
						TOTAL TAX LIABILITY	8,060:64				
(IC) = Independent Contractor											

PAYROLL JOURNAL

0012 0012-N426 Pascoag Utility District

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS			
	DESCRIPTION	RATE	HOURS	EARNINGS			REIMB & OTHER PAYMENTS			
	Overtime		2.00	72;15	RI Income Tax	86;09	S125 Health	130;82		
	Holiday		16.00	468;72	RI Disability	30;09	Vision	0;58		
	2 WATER DEPT TOTAL		82.00	2,615;75		502;37		300;73	Net Pay	1,812;65
	<i>Other Items: (Do not increase Net Pay.)</i>									
	GTL									
					28;14					
					<i>Employer Liabilities</i>					
					Social Security	152;71				
					Medicare	35;71				
					TOTAL EMPLOYER LIABILITY	188;42				
					TOTAL TAX LIABILITY	690;79				
<hr/>										
COMPANY TOTALS										
20 Person(s)	Regular		600.00	23,301;44	Social Security	1,816;87	401k	2,172;85	Check Amt	0;00
20 Transaction(s)	Other Earnings			650;00	Medicare	424;93	Garnishment	523;51	Dir Dep	19,115;93
	Holiday Overtime		2.00	126;20	Fed Income Tax	3,453;64	MR Deduction	265;15		
	Overtime		26.50	1,446;92	RI Income Tax	1,061;20	S125 Dental	81;51		
	Holiday		160.00	4,310;00	RI Disability	351;16	S125 FSA	336;43		
	Sick		12.00	458;96			S125 Health	964;78		
	Vacation		28.00	284;00			Vision	9;56		
	COMPANY TOTAL		828.50	30,577;52		7,107;80		4,353;79	Net Pay	19,115;93
	<i>Other Items: (Do not increase Net Pay.)</i>									
	GTL									
					119;37					
					<i>Employer Liabilities</i>					
					Social Security	1,816;88				
					Medicare	424;90				
					TOTAL EMPLOYER LIABILITY	2,241;78				
					TOTAL TAX LIABILITY	9,349;58				
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(IC) = Independent Contractor										

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0012 0012-N426 Pascoag Utility District

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
						RI Income Tax 90:45	S125 Health 131:88			
						RI Disability 31:11	Vision 0:58			
	2 WATER DEPT TOTAL		80.00	2,726:00				332:94	Net Pay	1,869.83
	<i>Other Items: (Do not increase Net Pay.)</i>									
	GTL				28:14					
					<i>Employer Liabilities</i>					
						Social Security 158:89				
						Medicare 37:15				
					TOTAL EMPLOYER LIABILITY	196:04				
					TOTAL TAX LIABILITY	719:27				
<hr/>										
COMPANY TOTALS										
<i>18 Person(s)</i>	Regular		498.50	21,021:30		Social Security 1,825:39	401k 2,362:43		Check Amt	0.00
<i>19 Transaction(s)</i>	Other Earnings			650:00		Medicare 426:92	Garnishment 196:51		Dir Dep	19,686.16
	Overtime		27.00	1,408:28		Fed Income Tax 3,410:68	S125 Dental 68:79			
	Bonus			1,252:19		RI Income Tax 1,062:25	S125 FSA 288:38			
	Holiday		144.00	4,036:48		RI Disability 350:47	S125 Health 824:24			
	Sick		5.50	208:39			Vision 7:86			
	Vacation		72.00	1,933:44						
	COMPANY TOTAL		747.00	30,510:08				3,748:21	Net Pay	19,686.16
	<i>Other Items: (Do not increase Net Pay.)</i>									
	GTL				120:93					
					<i>Employer Liabilities</i>					
						Social Security 1,825:39				
						Medicare 426:89				
					TOTAL EMPLOYER LIABILITY	2,252:28				
					TOTAL TAX LIABILITY	9,327:99				

(IC) = Independent Contractor

Period Start - End Date 05/29/21 - 06/04/21
Check Date 06/09/21

PAYROLL JOURNAL

0012 0012-N426 Pascoag Utility District

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS			
	DESCRIPTION	RATE	HOURS	EARNINGS				REIMB & OTHER PAYMENTS		
**** 2 WATER DEPT (cont.) McKeon, Benjamin M (cont.) 193	EMPLOYEE TOTAL		40.00	1,106.00		198.44	128.45	Net Pay	779.11	
	Other Items: (Do not increase Net Pay.)									
	GTL				0.59					
2 WATER DEPT TOTALS										
2 Person(s)	Regular		72.00	2,304.80	Social Security	158.89	401k	141.44	Check Amt	0.00
2 Transaction(s)	Other Earnings			200.00	Medicare	37.16	S125 Dental	10.96	Dir Dep	1,869.82
	Vacation		8.00	221.20	Fed Income Tax	205.63	S125 FSA	48.08		
					RI Income Tax	90.45	S125 Health	131.88		
					RI Disability	31.11	Vision	0.58		
	2 WATER DEPT TOTAL		80.00	2,726.00		523.24		332.94	Net Pay	1,869.82
	Other Items: (Do not increase Net Pay.)									
	GTL				28.14					
					Employer Liabilities					
					Social Security	158.89				
					Medicare	37.15				
					TOTAL EMPLOYER LIABILITY	196.04				
					TOTAL TAX LIABILITY	719.28				
COMPANY TOTALS										
16 Person(s)	Regular		597.00	23,771.30	Social Security	1,543.16	401k	2,242.06	Check Amt	0.00
16 Transaction(s)	Other Earnings			650.00	Medicare	360.90	Garnishment	196.51	Dir Dep	16,404.96
	Overtime		10.00	607.44	Fed Income Tax	2,845.50	S125 Dental	68.79		
	Sick		11.00	339.28	RI Income Tax	888.38	S125 FSA	259.53		
	Vacation		32.00	565.84	RI Disability	292.93	S125 Health	824.24		
							Vision	6.90		
	COMPANY TOTAL		650.00	25,933.86		5,930.87		3,598.03	Net Pay	16,404.96
	Other Items: (Do not increase Net Pay.)									
	GTL				115.41					
					Employer Liabilities					
					Social Security	1,543.17				
					Medicare	360.89				
					TOTAL EMPLOYER LIABILITY	1,904.06				
					TOTAL TAX LIABILITY	7,834.93				

AR View File Maintenance View Budget View Annual View Capital Credits Checks

Transaction History Control Panel

Include File Maintenance Filter By Service Location

Update Dt	ount	Provider	Transaction	Activity	UA Adjust	AR Adjust	AR Balance	Operator
04/26/2021 09:28:53	9001	EPUD	DEPOST	MODIFY	0.00	0.00	144.52	pscgjmc
03/29/2021 14:43:53	9001	EPUD	PAYMENT	MOB-VM	0.00	-119.72	144.52	WEB
03/25/2021 08:10:38	9001	EPUD	BILLING	Cycle	0.00	144.52	264.24	
03/25/2021 08:10:33	9001	EPUD	DEPOST	MODIFY	0.00	0.00	119.72	pscgjmc
02/25/2021 07:16:50	139001	EPUD	BILLING	Cycle	0.00	68.45	119.72	
02/25/2021 07:16:45	139001	EPUD	DEPOST	MODIFY	0.00	0.00	51.27	pscgjma
02/23/2021 13:44:07	139001	EPUD	PAYMENT	MOB-VM	0.00	-189.24	51.27	WEB
01/25/2021 07:25:22	139001	EPUD	BILLING	Cycle	0.00	51.27	240.51	
01/25/2021 07:25:17	139001	EPUD	DEPOST	MODIFY	0.00	0.00	189.24	pscgjma
12/24/2020 05:05:17	139001	EPUD	BILLING	Cycle	0.00	87.35	189.24	
12/24/2020 05:05:13	139001	EPUD	DEPOST	MODIFY	0.00	0.00	101.89	pscgjmc
12/02/2020 08:31:37	139001	EPUD	PAYMENT	MOB-VM	0.00	-158.95	101.89	WEB
11/24/2020 08:01:40	139001	EPUD	BILLING	Cycle	0.00	101.89	260.84	
11/24/2020 08:01:34	139001	EPUD	DEPOST	MODIFY	0.00	-2.43	158.95	pscgjma
10/26/2020 12:47:50	139001	EPUD	BILLING	Cycle	0.00	83.09	161.38	
10/26/2020 12:47:46	139001	EPUD	DEPOST	MODIFY	0.00	0.00	78.29	pscgjmc
09/24/2020 13:07:16	19001	EPUD	BILLING	Cycle	0.00	67.16	78.29	
09/24/2020 13:07:12	19001	EPUD	DEPOST	MODIFY	0.00	0.00	11.13	pscgjma
09/18/2020 09:02:15	19001	EPUD	PAYMENT	CRPMT-Assist-TRI	0.00	-100.00	11.13	pscgcs2
08/27/2020 07:19:20	19001	EPUD	PAYMENT	MOB-VM	0.00	-64.70	111.13	WEB
08/25/2020 09:16:25	19001	EPUD	BILLING	Cycle	0.00	57.84	175.83	
08/25/2020 09:16:20	19001	EPUD	DEPOST	MODIFY	0.00	0.00	117.99	pscgjma
07/24/2020 10:02:35	19001	EPUD	BILLING	Cycle	0.00	53.29	117.99	
07/24/2020 10:02:30	19001	EPUD	DEPOST	MODIFY	0.00	0.00	64.70	pscgjma
07/02/2020 07:11:09	19001	EPUD	PAYMENT	MOB-VM	0.00	-58.65	64.70	WEB
06/25/2020 08:52:08	19001	EPUD	BILLING	Cycle	0.00	64.70	123.35	
06/25/2020 08:52:04	19001	EPUD	DEPOST	MODIFY	0.00	0.00	58.65	pscgjma
06/18/2020 07:17:10	19001	EPUD	PAYMENT	MOB-VM	0.00	-9.60	58.65	WEB
05/26/2020 08:48:53	19001	EPUD	BILLING	Cycle	0.00	58.65	68.25	
05/26/2020 08:48:49	19001	EPUD	DEPOST	MODIFY	0.00	0.00	9.60	pscgjma
05/07/2020 12:08:47	19001	EPUD	PAYMENT	PAY-VM	0.00	-50.00	9.60	WEB
04/29/2020 10:28:04	19001	EPUD	PAYMENT	EBILL-VM	0.00	-100.00	59.60	WEB
04/24/2020 07:40:06	19001	EPUD	BILLING	Cycle	0.00	106.00	159.60	
04/24/2020 07:40:03	19001	EPUD	DEPOST	MODIFY	0.00	0.00	53.60	pscgjma
03/25/2020 07:52:01	19001	EPUD	BILLING	Cycle	0.00	61.27	53.60	
03/25/2020 07:51:58	19001	EPUD	DEPOST	MODIFY	0.00	0.00	-7.67	pscgjma
03/16/2020 15:00:26	19001	EPUD	PAYMENT	CRPMT-Assist-TRI	GNEF	* -250.00	-7.67	pscgcs2
02/25/2020 14:37:56	19001	EPUD	PENDQ	ADD	0.00	2.25	242.33	pscgtr
02/24/2020 08:41:32	19001	EPUD	BILLING	Cycle	0.00	90.08	240.08	
02/20/2020 09:59:30	19001	EPUD	DEPOST	ADD	0.00	150.00	150.00	pscgtr

* Gnef \$250.00 applied to Customers act.



Tri-County
Community Action Agency

EMERGENCY SERVICES/ENERGY
(LIHEAP, Weatherization, Housing Assistance, Basic Human Needs)
11 Emanuel Street
North Providence, RI 02911
Phone: 401-351-2750 | Fax: 401-231-4033

FACSIMILE TRANSMITTAL SHEET

TO: Pasc Electric FROM: Stephanne x 1913

COMPANY: _____ DATE: 3/3/20

FAX NUMBER: _____ TOTAL PAGES INCLUDING COVER: (1)

PHONE NUMBER: _____

RE: # 9001

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Comments:

Good Morning

\$ 250⁰⁰ for above client towards electric Bill (Good Neighbor fund)

Thank you

This facsimile transmission and the accompanying documents may contain legally privileged confidential information. The information is intended only for the use of the recipient names. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or exploitation of, or the taking of any action in reliance on, the content of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone at 401-351-2750 to arrange for return of the documents.

Public Utilities Risk Mgmt. Assoc., Inc.
1900 West Park Drive, Suite 280
Westborough, MA 01581
+1 4019961718



INVOICE

BILL TO

PascoagUtility District
P.O. Box 107
Pascoag, RI 02859

INVOICE #

DATE 03/01/2021

TERMS Net 15

DATE	DESCRIPTION	AMOUNT
02/20/2021	Commercial Property premium charges 2/20/2021- 2/20/2022	16,109.42
02/20/2021	PURMA program management fee	676.60

40.18% Increase in Total Insured Value
41% Rate Increase

BALANCE DUE

\$16,786.02

Hjy 3-4-21

JUN 09 2021

Premium Notice



Agent:
 Starkweather & Shepley Insurance Brokerage Inc
 PO Box 549
 Providence, RI 02901-0549
 401-435-3600

Account Holder:
 Pascoag Utility District
 PO Box 107
 Pascoag, RI 02859-0107

Invoice ID:
1290553

Bill Date:
06/04/2021

Account Number:
20480795

Account Balance (All Terms):
\$9,220.80

Minimum Amount Due:
\$2,305.20

Payment Due Date:
06/19/2021

Thank you for choosing The Beacon Mutual Insurance Company.

Policy Number	Policy Term	Trans. Date	Install. Due Date	Description of Transactions	Adjustments	Policy Balance	Minimum Due
000028542	01/19/21 - 01/19/22	05/11/21		Previous Balance			\$2,305.20
		05/11/21		Reverse installment fee	-\$5.00		-\$5.00
		05/11/21		Electronic Cash Receipt	-\$2,300.20		-\$2,300.20
		06/04/21	06/19/21	Installment billed from schedule	\$2,300.20		\$2,300.20
		06/04/21	06/19/21	Installment Fee	\$5.00		\$5.00
				Policy Term Total:	\$0.00		
		Policy Balance:				\$2,305.20	

Hy 6-17-21

Payment Due Date: 06/19/2021

Account Balance: \$9,220.80

Minimum Due: \$2,305.20

Detach here

Pay by Check: Add account number to check and make payable to:
 The Beacon Mutual Insurance Company. Include **original invoice coupon**.

Pay Online: Beaconnect.beaconmutual.com

New payment options: Pay by phone, debit card, credit card, e-check, or ACH.
 Waive your installment fee by paying with e-check or ACH.

The Beacon Mutual Insurance Co.
P.O. Box 416142
Boston, MA 02241-6142

Invoice ID:
1290553

Account Number:
20480795

Payment Due Date:
06/19/2021

Account Balance:
\$9,220.80

Minimum Amount Due:
\$2,305.20

002048079530119216002305208011921012905538000000000000000003

Policy Installment Information

Account Number	Line of Business	Installment Plan			
20480795	Workers' Compensation	Nine-Payment Plan			
Total Written Premium	Renewal Balance				
\$22,328.00	\$9,220.80				
FUTURE INSTALLMENTS - All installments due 15 days after bill date					
Install. Due Date	Amount	Install. Due Date	Amount	Install. Due Date	Amount
07/19/2021	\$2,305.20				
08/19/2021	\$2,305.20				
09/19/2021	\$2,305.20				

EASY PAYMENT OPTIONS

Pay Online: Beaconnect.beaconmutual.com

Schedule your automatic payment, or make a one-time payment.

To waive your installment fee, pay your minimum amount due either by e-check or ACH.

Pay by Phone: 833-326-7022

Schedule your automatic payment, or make a one-time payment through our call center.

Pay by Check: Add your account number on your check, and make the check payable to The Beacon Mutual Insurance Company. Include the **original invoice coupon**, and send to our payment lockbox:

The Beacon Mutual Insurance Co.
P.O. Box 416142
Boston, MA 02241-6142

BILLING QUESTIONS

For billing questions, certificates of insurance, policy changes, or coverage questions call your insurance agent at: Starkweather & Shepley Insurance Brokerage Inc
401-435-3600

For questions about your payment, or for help with Beacon's online or phone payment system call 833-326-7022.

BILLING INFORMATION

Minimum Amount Due: The minimum amount that must be paid in order to continue policy coverage.

Account Balance: Total amount due after applying all payments, credits, or additional charges received by our billing system since last billing.

Installment Fee: A service fee of \$5.00 is assessed on each installment bill, except where prohibited by law. Waive your installment fee by making your payment online by e-check or ACH.

Late Fee: A service fee of \$10.00 may be applied for all payments not received within 5 business days following the due date.

Non-Sufficient Funds Fee: A service fee of \$25.00 will be applied for all returned checks and ACH payments.

Report claims immediately online at beaconmutual.com or call 1-888-886-4450.

Policy Number	Adjustments	Minimum Due
0000028542	\$2,305.20	\$2,305.20

Thank you for your business!

ATTN: Membership
Blue Cross & Blue Shield of RI
500 Exchange Street
Providence, RI 02903-2699

MAY 24 2021



Blue Cross
Blue Shield
of Rhode Island

202105180138



Forwarding Service Requested

ALL FOR AADC 028

209 0.8502 AB 0.416



Pascoag Utility District
MICHAEL KIRKWOOD
PO BOX 107
PASCOAG, RI 02859-0107

2

Group No. 0001D635
Sub-Group No. 0000
Billing Period 06/01/2021-06/30/2021
Invoice No. 211370001686
Bill Print Date 05/18/2021
Bill Due Date 06/01/2021

BILLING SUMMARY

BALANCE FORWARD AMOUNT \$0.00
CURRENT MONTH BILLING (1) \$19760.79
DISCRETIONARY ITEM \$0.00
RETROACTIVE ADJUSTMENT (2) \$2006.90
TOTAL AMOUNT DUE \$21767.69

1 OF 4 F
ENV 209

For Enrollment and Billing questions on your account, please call: MEMBERSHIP ADMINISTRATION SERVICES	
Phone: (401)459-2341 ext. 6064	(800)637-3718 ext. 6064

Please use this billing statement to verify your membership, including confirmation of enrollment changes processed since your last invoice. Please provide any change of enrollment or other information on the appropriate application or Group Activity Report and send to us through your normal channels, and not with this statement. If your renewal is currently pending or is in the process of being finalized, this invoice may have been calculated on rates from the previous rating period. Please note that under no circumstances shall the acceptance of your payment according to this invoice, by Blue Cross & Blue Shield of Rhode Island, discharge your obligation to pay all past invoices, if applicable.

(1) "Current Month Billing" includes the premium due to BCBSRI plus the service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not part of BCBSRI premium. Service fees, if any, are only applicable in the large group fully insured market. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, any retroactive adjustments to that fee are also reflected in this item. If your Broker Service Fees Agreement reflects a per contract per month fee payment to your broker, any retroactive adjustments to the fee are reflected in the "Retroactive Adjustment" item.

(2) "Retroactive Adjustment" includes amounts due or owed to you for retroactive enrollment changes, plus adjustments to the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement.

No action required
Electronic funds transfer procedure

639619 (PC4)

Pascoag Utility District
MICHAEL KIRKWOOD
PO BOX 107
PASCOAG, RI 02859-0107

GROUP/SUBGROUP: Pascoag Utility District

GROUP NUMBER: 0001D635

SUBGROUP NUMBER: 0000

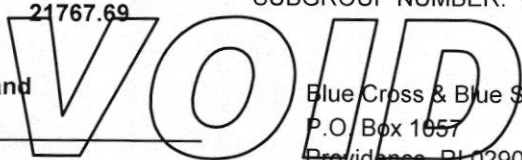
Please pay this amount:

21767.69

Please make check payable to:
Blue Cross & Blue Shield of Rhode Island

Indicate amount of your payment: \$

Blue Cross & Blue Shield of Rhode Island
P.O. Box 1057
Providence, RI 02901-1057



BLBILGP1



666600000001063521767.69



Delta Dental of Rhode Island
 10 Charles Street
 Providence, RI 02904



7 - 3186 CATHLEEN GILMOUR
 PASCOAG UTILITY DISTRICT
 PO BOX 107
 PASCOAG RI 02859



Group-Division: 3741-0101
 Invoice Number: 37410101202106
 Invoice Created: 5/17/2021

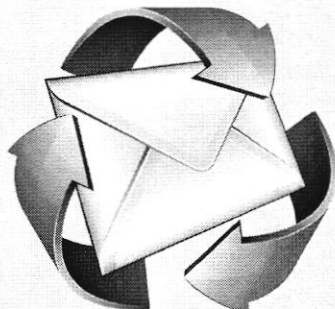
Autodraft Date: 6/1/2021
 Billing Period: 6/1/2021 - 6/30/2021

Payment Information	
Previous Balance Due	\$1,135.01
Payment Received	\$1,135.01
Adjustments	\$0.00
Invoice Total	\$1,610.03
Total Amount Due	\$1,610.03



Please direct inquires to **401-752-6200** or call toll free at **1-800-598-6684**.
 Visit us online at deltadentalri.com.

YOU ARE ENROLLED IN OUR ELECTRONIC FUND TRANSFER (EFT) OPTION



Your total payment will be automatically deducted from your bank account. There is no further action required to complete payment.

Amount Due: \$1,610.03
Autodraft Date: 6/1/2021

NOTES:

- Payments and enrollment changes received after **5/12/2021** are not reflected on the summary. They will appear on your next statement.
- The total amount due will be deducted from you account on **6/1/2021** or next business day.

Thank you.



Principal Life Insurance Company
Des Moines IA 50392

Attachment 1-19 June Principal- Life AD&D & LTD
MAY 21 2021

Billing statement

For period: 06/01/2021 to 06/30/2021

Bill produced: 05/17/2021

Important payment notice

001641

ATTN: CATHLEEN GILMOUR
PASCOAG UTILITY DISTRICT
PO BOX 107
PASCOAG RI 02859



Important information

If payment has already been made, please disregard this notice.

Bill summary

Account number: 1051414-10001 **Due date:** 06/01/2021

Last billed amount:	\$1,161.00
Payments since last bill:	\$1,161.00
Balance forward:	\$0.00
Adjustments since last bill:	\$42.04
Current premium:	\$1,310.88
Total amount due:	\$1,352.92

Securely manage your benefits online with eService. Log in now at principal.com. Or, create an account by calling 800-843-1371.



Contact us

Group Benefits, call **800.843.1371** Monday-Friday 7:00 a.m. - 6:00 p.m. CT | principal.com

Please make your check payable to Principal Life Insurance Company. Send your check with the stub to the address below.



7 0000135292 105141410001 0000000098448477 3

ATTN: CATHLEEN GILMOUR
PASCOAG UTILITY DISTRICT
PO BOX 107
PASCOAG RI 02859

Principal Life Insurance Company
PO BOX 10333
DES MOINES IA 50306-0333

Due date: 06/01/2021
Account number: 1051414-10001
Total amount due: \$1,352.92



Bill totals

Attachment 1-19

June Principal- Life AD&D & LTD



Current billed lives

Members 19

Account number: 1051414-10001
For period: 06/01/2021 to 06/30/2021
Bill produced: 05/17/2021

Current premium totals \$1,310.88

Basic Life		Disability	
Life	\$612.56	LTD	\$594.58
AD&D	\$103.74		



Premium Statement

Billing Name: PASCOAG UTILITY DISTRICT
Billing Number: 0132055-001 1
Due Date: 6/1/2021
Statement Date: 5/18/2021

Description	Amount
Long Term Care - Employee (LTC EE)	\$357.60
Lives: 19	
Current Period Amount:	\$357.60
Prior Period Amount Adjustment:	\$22.20
Sub Total:	\$379.80
Prior Total Amount Due:	\$313.80
Amount Paid:	\$313.80
Balance Forward:	\$0.00
Total Amount Due:	\$379.80

This Billing Number is set-up for Automatic Payment. On 6/1/2021, the amount of \$379.80 will be deducted automatically from the bank account on record.

Billing Period:

6/1/2021 - 6/30/2021

J4-16811 08 C



MAY 24 2021



01

PASCOAG UTILITY DISTRICT
P.O. BOX 107
PASCOAG RI 02859-0107

Coverage Period June 2021
Statement Date: 05/18/2021
Client ID: 30065689
Statement Number: 812359119

Payment Activity	
Previous Statement Balance:	\$ 124.11
Payments Received:	\$ (124.11)
Remaining Balance:	\$ 0.00

Current Statement Activity	
Remaining Balance:	\$ 0.00
Current Charges:	\$ 178.04
Adjustments:	\$ 12.57
Amount Due:	\$ 190.61
Payment Due Date:	Due Upon Receipt

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Please detach and return this portion with your payment.

Client Name: PASCOAG UTILITY DISTRICT
Coverage Period: June 2021
Statement Date: 05/18/2021

Client ID: 30065689
Statement Number: 812359119
Customer Ref: 3478044

Indicate Amount Paid

Statement Amount: \$190.61
Payment Due Date: **Due Upon Receipt**

Other Amount: _____

VSP INSURANCE CO. (CT)
PO BOX 742788
LOS ANGELES CA 90074-2788



Public Utility Mutual Insurance Company RRG
 463 Mountain View Drive, Suite 301
 Colchester, VT 05446

Date: 12/23/2020
 Invoice# 21-2020

Premium Invoice



Pascoag Utility District
 P O Box 107
 Pascoag, RI 02859
 Attn: Cathleen Gilmour

Effective Date: 1/1/2021

Expiration Date: 1/1/2022

Coverage Description	Policy Number	Amount
Excess Liability	Pol# RXL210220	\$11,412.00
General Liability	Pol# RGL210302	\$9,640.00
Fiduciary Liability	Pol# RFID210511	\$3,000.00
Public Officials Liability	Pol# RFID0210511	\$5,046.00
Auto Liability	Pol# AS2-691-544507-151	\$8,114.00
2020 premium credit		-\$1,662.00
Total Due		\$35,550.00

***Make all checks payable to PUMIC RRG**
****Mail to PUMIC RRG in VT at address listed above**
*****Premiums due and payable upon receipt of invoice**

Public Utilities Risk Management Association
 1900 West Park Drive, Suite 280
 Westborough, MA 01581
 508-983-1457

Invoice

Date

Inv#

1/1/2021

4689

Bill To:

Pascoag Utility District
 P.O. Box 107
 Pascoag, RI 02859

Details

Amount

Auto Physical Damage (APD) program - Policy# AS2-691-544507-151
 Liberty Mutual Insurance Company
 1/1/2021 - 1/1/2022

5,747.00

Payment Due on Receipt

Total

\$5,747.00

Invoice

Public Utilities Risk Management Association
 1900 West Park Drive, Suite 280
 Westborough, MA 01581
 508-983-1457

Date

Inv#

1/1/2021

4736

Bill To:

Pascoag Utility District
 P.O. Box 107
 Pascoag, RI 02859

Details

Amount

Contractor Equipment Premium (Inland Marine) - Policy # BMO58509761
 Liberty Mutual
 1/1/2021 - 1/1/2022

978.23

Payment Due on Receipt

Total

\$978.23

Public Utilities Risk Management Association
1900 West Park Drive, Suite 280
Westborough, MA 01581
508-983-1457

Invoice

Date

Inv#

1/1/2021

4725

Bill To:

Pascoag Utility District
P.O. Box 107
Pascoag, RI 02859

Details

Amount

PURMA Utility Member Dues for January 1 - December 31, 2021

1,300.00

Thank you

Total

\$1,300.00

Public Utilities Risk Mgmt. Assoc., Inc.
1900 West Park Drive, Suite 280
Westborough, MA 01581
+1 4019961718



INVOICE

BILL TO

Pascoag Utility District
P.O. Box 107
Pascoag, RI 02859

INVOICE #

DATE 03/01/2021

TERMS Net 15

DATE	DESCRIPTION	AMOUNT
02/20/2021	Commercial Property premium charges 2/20/2021- 2/20/2022	16,109.42
02/20/2021	PURMA program management fee	676.60

40.18% Increase in Total Insured Value
41% Rate Increase

BALANCE DUE

\$16,786.02

Hyg 3-4-21

Public Utilities Risk Mgmt. Assoc., Inc.
1900 West Park Drive, Suite 280
Westborough, MA 01581
+1 4019961718



INVOICE

BILL TO
Pascoag Utility District
P.O. Box 107
Pascoag, RI 02859

INVOICE #
DATE 03/01/2021
TERMS 30 days

DATE	DESCRIPTION	AMOUNT
02/22/2021	2/22/2021-2/22/2022 EPLI Premium - Federal Insurance Company	9,026.00
02/22/2021	PURMA program management fee	812.34

BALANCE DUE **\$9,838.34**

HJY 3-4-21

Public Utilities Risk Mgmt. Assoc., Inc.
1900 West Park Drive, Suite 280
Westborough, MA 01581
+1 4019961718



INVOICE

BILL TO
PascoagUtility District
P.O. Box 107
Pascoag, RI 02859

INVOICE #
DATE 03/04/2021
TERMS 30 days

POLICY TYPE
Crime

DATE	DESCRIPTION	AMOUNT
04/12/2020	Travelers Crime Policy Installment 2 of 3 Policy No. 105581623	2,926.00
04/12/2021	PURMA program management fee	263.34

BALANCE DUE **\$3,189.34**

Hy 3-9-21

**Public Utility Mutual
Insurance Company**
(A Risk Retention Group)

A Vermont mutual insurance company

100 Bank Street, Suite 610
P.O. Box 530
Burlington, VT 05402-0530

Date: 12/28/2016
Invoice# 22-2017

Premium Invoice

Pascoag Utility District P O Box 107 Pascoag, RI 02859 Attn: Cathleen Gilmour	Effective Date: 1/1/2017 Expiration Date: 1/1/2018
--	---



Coverage Description	Policy Number	Amount
----------------------	---------------	--------



Excess Liability	Pol# RXL 170220	\$12,532.00
General Liability	Pol# RGL170302	\$11,760.00
Fiduciary Liability	Pol# RFID170511	\$3,000.00
Public Officials Liability	Pol# RFID170511	\$6,155.00
Auto Liability	Pol# AS2-691-544507-157	\$8,242.00
2016 premium credit		-\$1,038.00



Hu 1-6-17



Total Due **\$40,651.00**

- *Make all checks payable to PUMIC RRG
- **Mail to PUMIC RRG in VT at address listed above
- ***Premiums due and payable upon receipt of invoice

Public Utility Mutual Insurance Company

(Risk Retention Group)

A Vermont mutual insurance company

100 Bank Street, Suite 610
P.O. Box 530
Burlington, VT 05402-0530

Date: 12/26/2017
Invoice# 22-2018

Premium Invoice

Pascoag Utility District
P O Box 107
Pascoag, RI 02859
Attn: Cathleen Gilmour

Effective Date: 1/1/2018
Expiration Date: 1/1/2019



Coverage Description	Policy Number	Amount
----------------------	---------------	--------



Excess Liability	Pol# RXL180220	\$12,392.00
General Liability	Pol# RGL180302	\$10,610.00
Fiduciary Liability	Pol# RFID180511	\$3,000.00
Public Officials Liability	Pol# RFID180511	\$5,554.00
Auto Liability	Pol# AS2-691-544507-157	\$8,474.00
2017 premium credit		-\$1,640.00



Total Due \$38,390.00

- *Make all checks payable to PUMIC RRG
- **Mail to PUMIC RRG in VT at address listed above
- ***Premiums due and payable upon receipt of invoice

Hju 12-28-17



Public Utility Mutual Insurance Company RRG
463 Mountain View Drive, Suite 301
Colchester, VT 05446

Date: 12/26/2018
Invoice# 22-2019

Premium Invoice



Pascoag Utility District
P O Box 107
Pascoag, RI 02859
Attn: Cathleen Gilmour

Effective Date: 1/1/2019
Expiration Date: 1/1/2020

Coverage Description	Policy Number	Amount
----------------------	---------------	--------

Excess Liability	Pol# RXL190220	\$13,281.00
General Liability	Pol# RGL190302	\$11,259.00
Fiduciary Liability	Pol# RFID190511	\$3,000.00
Public Officials Liability	Pol# RFID190511	\$5,894.00
Auto Liability	Pol# AS2-691-544507-159	\$8,583.00
2018 premium credit		-\$1,586.00

Total Due \$40,431.00

- *Make all checks payable to PUMIC RRG
- **NOTE NEW ADDRESS: Mail to PUMIC RRG in VT at address listed above
- ***Premiums due and payable upon receipt of invoice

Hju
1-3-19



Public Utility Mutual Insurance Company RRG
463 Mountain View Drive, Suite 301
Colchester, VT 05446

Date: 12/26/2019
Invoice# 22-2020

Premium Invoice



Pascoag Utility District
P O Box 107
Pascoag, RI 02859
Attn: Cathleen Gilmour

Effective Date: 1/1/2020
Expiration Date: 1/1/2021

Coverage Description	Policy Number	Amount
----------------------	---------------	--------

Excess Liability	Pol# RXL200220	\$11,352.00
General Liability	Pol# RGL200302	\$10,129.00
Fiduciary Liability	Pol# RFID200511	\$3,000.00
Public Officials Liability	Pol# RFID0200511	\$5,302.00
Auto Liability	Pol# AS2-691-544507-150	\$7,853.00
2019 premium credit		-\$1,546.00

Total Due \$36,090.00

- *Make all checks payable to PUMIC RRG
- **NOTE NEW ADDRESS: Mail to PUMIC RRG in VT at address listed above
- ***Premiums due and payable upon receipt of invoice

Heu 1-3-20



Public Utility Mutual Insurance Company RRG
463 Mountain View Drive, Suite 301
Colchester, VT 05446

Date: 12/23/2020
Invoice# 21-2020

Premium Invoice



Pascoag Utility District
P O Box 107
Pascoag, RI 02859
Attn: Cathleen Gilmour

Effective Date: 1/1/2021
Expiration Date: 1/1/2022

Coverage Description	Policy Number	Amount
----------------------	---------------	--------

Excess Liability	Pol# RXL210220	\$11,412.00
General Liability	Pol# RGL210302	\$9,640.00
Fiduciary Liability	Pol# RFID210511	\$3,000.00
Public Officials Liability	Pol# RFID0210511	\$5,046.00
Auto Liability	Pol# AS2-691-544507-151	\$8,114.00
2020 premium credit		-\$1,662.00

Total Due \$35,550.00

- *Make all checks payable to PUMIC RRG
- **Mail to PUMIC RRG in VT at address listed above
- ***Premiums due and payable upon receipt of invoice