



### KENTUCKY MANDATORY INSURANCE REPORTING ENROLLMENT

**INSTRUCTIONS** (*Pursuant to KRS 186A.042 and KRS 304.039-087*)

Mail the completed form to the Kentucky Transportation Cabinet, PO Box 2014, Frankfort KY 40622-2014.

**SECTION 1: COMPANY INFORMATION**

<b>INSURANCE COMPANY NAME</b>			<b>NAIC #/PROVIDER #</b>	
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE</b>
				<b>ZIP</b>
<b>CONTACT PERSON 1</b>	<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	
<b>CONTACT PERSON 2</b>	<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	

Will you be submitting an active book of business/commercial cancellations for any other insurance company?

Yes  No

INSURANCE COMPANY PROVIDER FOR	NAIC #	PERSONAL	COMMERCIAL	BOTH
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>