**Commonwealth of Kentucky**

**Department of Insurance**

**215 West Main Street - P.O. Box 517**

**Frankfort, KY 40602**

**502-564-6082 - FAX 502-564-4604**



**SURPLUS LINES CARRIERS ELIGIBILITY**

**REQUIREMENTS FOR KENTUCKY**

New Surplus Lines Carriers requesting eligibility in Kentucky are requested to complete and forward the following to the above address:

**⮚ Form 916 - Kentucky Surplus Lines Insurer Information Sheet**

* Form 916 is available at

<http://insurance.ky.gov/Documents/FORM916Update071708.pdf>

* Form 916 shall be updated as necessary.
* $5.00 filing fee is required; check is payable to **KENTUCKY STATE TREASURER**.

**⮚ Form 800 – Kentucky Designation of Person to Receive Legal Process**

* Form 800 shall be filed if business is being written in Kentucky.
* Form 800 shall be updated as necessary.
* Form 800 is available at:

<http://insurance.ky.gov/Documents/Form800Rv1207.pdf>

* $5.00 filing fee is required; check is payable to **KENTUCKY STATE TREASURER**.

**⮚ Evidence of Financial Qualifications (KRS 304.10-070)**

* Copy of current financial statement.

**⮚ Annual Filings**

🢭If an Annual Statement is filed electronically with the NAIC:

* The Jurat Page shall be filed with the Kentucky Department of Insurance.
* $100 filing fee is required.

🢭If an Annual Statement is not filed with the NAIC:

* The Annual Statement shall be filed with the Kentucky Department of Insurance.
* $100 filing fee is required.