

**APPLICATION FOR CERTIFICATE OF FILING AS A**  
**LIABILITY SELF-INSURANCE GROUP**

1. Name of applicant: \_\_\_\_\_  
\_\_\_\_\_
  
2. Address of principal office: \_\_\_\_\_  
\_\_\_\_\_
  
3. Address to which official communications should be mailed (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Address where books and records of the group will be maintained:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. The applicant is a (check one):  
 Group or association of health facility and health services institutions  
 Group of Kentucky for-profit corporations  
 Bona-fide association
  
6. Date and place of organization: \_\_\_\_\_  
\_\_\_\_\_
  
7. Date fiscal year ends: \_\_\_\_\_
  
8. Name and address of agent for service of process:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the group composed of governmental entities? (check one)

(  ) Yes                      (  ) No

10. If question 9 on the previous page was answered "yes," describe the governmental entities involved. (attach additional pages if necessary)

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11. Will the group have an administrator? (check one)                      (  ) Yes (  ) No

12. If question 11 was answered "yes," give the name and address of the administrator.

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13. Will the group utilize a service company? (check one)                      (  ) Yes (  ) No

14. If question 13 was answered "yes," give the name and address of the service company.

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15. State whether any member of the board of directors/trustees has any direct or indirect interest in an administrator or service company and describe such interest. (Attach additional sheets if necessary)

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16. Will the group provide coverage for basic reparation benefits or for liability arising from the use of motor vehicles pursuant to KRS Chapter 304.39?  
( ) Yes ( ) No
17. Attach the following information:
- a. The names and addresses of group members. If not known, describe the group who will be solicited for membership.
  - b. A description of the professional or public liability risks to be covered by the group.
  - c. A description of the operation of the group's trust fund. This should include a description of the group's financial arrangements to cover the professional or public liability risks to be assumed by the group.
  - d. A copy of the articles of association or other charter documents of the group and any by-laws of the group.
  - e. A copy of the agreement between the group and each member to participate in the group.
  - f. A copy of agreements with the administrator and with any service company.
  - g. Designation of the initial board of trustees/directors.
  - h. Biographical data (Form 501) for all members of the board of trustees/directors.
  - i. A pro forma financial statement showing financial ability of the group to pay the professional or public liabilities assumed by the group.

\_\_\_\_\_  
(Name of Group)

by signing this registration, agrees to comply with all applicable provisions of Kentucky law, including, but not limited to, KRS 304.48.

Officer's Signature: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Officer's Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to the address provided at the top of the page.