

**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF INSURANCE**  
**LIABILITY SELF-INSURED GROUP**  
**AFFIDAVIT REGARDING CALCULATION OF EXPERIENCE MODIFICATION FACTOR**

WC SIG  
NAME \_\_\_\_\_ KOI# \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state as follows:  
The experience modification factors utilized by the above named liability self-insured group are calculated in the following manner.

Experience modification factors are calculated by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires \_\_\_\_\_**