## **COMMONWEALTH OF KENTUCKY**

DEPARTMENT OF INSURANCE FORMS INDEX SHEET

Liability Self-Insured Group Filing Number \_\_\_\_\_ Date of Filing

FORM	EDITION	R/N	FORM TITLE	* TYPE
NUMBER	DATE			

R/N: (R= Replacement Form; N= New Form)

\* (Types: Application=APP, Certificate=CRT, Coverage Form=COV, Declarations Page/Schedule=DEC, Endorsement=END, Policy Jacket=JAC, Indemnity Agreement= NDM)

LSIG F-2 P&C 07/2010