



Commonwealth of Kentucky  
Transportation Cabinet  
Division of Motor Vehicle Licensing  
P.O. Box 2014  
Frankfort, KY 40622

**Mandatory Kentucky Insurance Reporting Enrollment Form**  
KRS 186A.042, KRS 304.39-085, KRS 304.039-087 and 806 KAR 39:070

Please provide the following information for enrollment in the insurance program.

Company Name _____	NAIC # _____
Address _____	
City _____	State _____ ZIP Code _____

Submitting Personal ___ Commercial ___ Both ___	Please check appropriate one.
---	-------------------------------

Primary Contact Person _____	Phone # _____
Email Address _____	Fax # _____
Second Contact Person _____	Phone # _____
Email Address _____	Fax # _____

Will you be submitting active book of business/commercial cancellations for any other insurance company?  Yes  No

If so, list additional companies below and indicate if you will be submitting Personal (P) or Commercial (C) or Both (B) for each company listed.

1. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
2. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
3. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
4. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
5. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
6. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_
7. \_\_\_\_\_ NAIC # \_\_\_\_\_ submitting \_\_\_\_\_

(If more than 7 companies are reporting, attach list)