

KENTUCKY  
NO-FAULT REJECTION  
VERIFICATION REQUEST

*Submit in duplicate with only one name per form. Provide as much information as possible; preferably as it was filed on the No-Fault Rejection Form. Remit \$5.00 with this form to Property & Casualty Division, Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517.*

Requestor Name and Address

Date for which status being requested:

\_\_\_\_\_ Current

\_\_\_\_\_ Other

\_\_\_\_\_  
Month      Day      Year

***PLEASE INFORM THE ABOVE REQUESTOR AS TO THE NO-FAULT REJECTION STATUS OF THE FOLLOWING PERSON AS OF THE DATE INDICATED.***

Last Name,	First Name	Middle Name	Generation (Jr., III)
Address (Street or Route)			
(City)	(County)	(State)	(ZIP)
Social Security No.	_____	Birth Date	_____
		Month	Day      Year

*Additional information about the above person which may help in researching request.*

Possible Name Alternation (Maiden Name, or other)			
Prior Address			
Place of Birth (City)	(County)	(State)	(Country)