

## **COMMONWEALTH OF KENTUCKY Department of Insurance**

P.O. Box 517

## **CONTACT PERSON QUESTIONAIRE** Frankfort, Kentucky 40602-0517 PROPERTY AND CASUALTY DIVISION

This questionnaire was created to assist the Property & Casualty Division in enhancing the communications process between insurers and the Department of Insurance. Please provide us with the items listed below, to enable us to develop a directory of regional or district people who coordinate requests from the Commonwealth of Kentucky. Please forward the completed form to the above

Group Name:	Group NAIC #
	for whom the identical information is applicable. Please use a separate
page for individual companie	es if information is not identical.
Company Name:	Company NAIC# :
	Company NAIC# :
	Company NAIC# :
Company Name:	Company NAIC# :
	Company NAIC# :
Company Name:	Company NAIC# :
	Company NAIC# :
Company Name:	Company NAIC# :
Company Name:	Company NAIC# :
Company Name:	Company NAIC# :
Contact Person Name:	Title:
Street Address:	
Mailing Address:	
Phone:	Toll free:
FAX:	
Contact Person for Claims a	nd/or Emergencies
(if different from above):	
	Title:
Street Address:	
Mailing Address:	
	Toll free:
FAX:	Email:
If there are any questions regardin	ng this form, contact the P&C Division as follows:
E-Mail: Jeff.Lamb@ky.gov or	g tills form, comact tile Fac Division as follows.
Phone: (502) 782-5289, or	
FAX (502) 564-5922.	

CPQ-1 P&C 9/2004