

**APPLICATION FOR CERTIFICATE OF FILING AS A
LIABILITY SELF-INSURANCE GROUP**

1. Name of Applicant: _____

2. Address of principal office: _____

3. Address to which official communications should be mailed (if different from above):

4. Address where books and records of the group will be maintained:

5. The applicant is a (check one):
 Group or association of health facility and health services institutions
 Group of Kentucky for-profit corporations
 Bona-fide association

6. Date and place of organization: _____

7. Date fiscal year ends: _____

8. Name and address of agent for service of process:

9. Is the group composed of governmental entities? (check one):

() Yes () No

10. If question 9 [on the previous page] was answered "yes," describe the governmental entities involved (attach additional pages if necessary):

11. Will the group have an administrator? (check one): () Yes () No

12. If question 11 was answered "yes," give the name and address of the administrator_

13. Will the group utilize a service company? (check one): () Yes () No

14. If question 13 was answered "yes," give the name and address of the service company_

15. State whether any member of the board of directors/trustees has any direct or indirect interest in an administrator or service company and describe such interest. (Attach additional sheets if necessary):

16. Will the group provide coverage for basic reparation benefits or for liability arising from the use of motor vehicles pursuant to KRS Chapter 304.39?
() Yes () No

17. Attach the following information:

- a. The names and addresses of group members. If not known, describe the group who will be solicited for membership.
- b. A description of the professional or public liability risks to be covered by the group.
- c. A description of the operation of the group's trust fund. This should include a description of the group's financial arrangements to cover the professional or public liability risks to be assumed by the group.
- d. A copy of the articles of association or other charter documents of the group and any by-laws of the group.
- e. A copy of the agreement between the group and each member to participate in the group.
- f. A copy of agreements with the administrator and with any service company.
- g. Designation of the initial board of trustees/directors.
- h. Biographical data (Form 501) for all members of the board of trustees/directors.
- i. A pro forma financial statement showing financial ability of the group to pay the professional or public liabilities assumed by the group.

(Name of Group)

by signing this registration, agrees to comply with all applicable provisions of Kentucky law, including, but not limited to, KRS 304.48.

Officer's Signature: _____

Officer's Name: _____

Officer's Title: _____

Date: _____

Please return completed form to the address provided at the top of the page.