

9. Attach current, certified financial statement (PF-4)

Yes _____ No _____ (If yes, attach exhibit)

10. Other types of business conducted at same address

Yes _____ No _____ (If yes, attach exhibit)

11. More than one place of business

Yes _____ No _____ (If yes, attach exhibit)

12. Has the company or any officer or director received a rejection, revocation or suspension of license from this State or any other state; been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other state; been found by the Commissioner of the Department of Insurance to have violated any of the provisions of the Kentucky Insurance Code or Regulations; been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? (Omit minor traffic offenses)

Yes _____ No _____ (If yes, attach exhibit)

VERIFICATION

COUNTY _____

STATE _____

I, _____, the undersigned, being the

_____ of the _____

_____ (Name of Company) swear, or (or affirm) subject to the penalties of perjury, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements, if any, are true and complete.

(Signature of Officer)

(Title)

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public)

My Commission expires _____
