Kentucky Department of Insurance

Application for Verification of a
Risk Location System

Contact Information
(Person to receive communications from the Department of Insurance)

Name	Title
Company	
Address	City, State Zip
Telephone	E-mail

System Identification

Name of Software/System	Version No.

Certification of Boundary Data

I hereby certify that the risk location system or program identified above uses the municipal and county boundary data available from the Kentucky Commonwealth Office of Technology that is based upon municipal and other filings with the Kentucky Secretary of State.

_____   _____
Name of Authorized Representative   **Title**

Please attach the following:

1. A written explanation of how the risk location system or program is updated and the frequency with which the system or program is updated;

2. Application fee of $2,500 per program; and

3. Address data set in accordance with the Verification Data Manual.

Mailing Instructions	
US Mail	**Express Mail**
Kentucky Department of Insurance Attn: John Hord P.O. Box 517 Frankfort, KY 40601	Kentucky Department of Insurance Attn: John Hord 500 Mero Street 2 SE 11 Frankfort, KY 40601