

# ***Kentucky Insurance Arbitration Association***

Name  
Company  
Address  
Address

September 10, 2018

Re: Membership in Kentucky Insurance Arbitration Association

We have been advised by the Kentucky Department of Insurance that your Organization is a qualified Self-Insurer under the No-Fault Law of Kentucky. Section KRS 304.39-290 of the Kentucky Revised Statutes created the Kentucky Insurance Arbitration Association.

The Act provides that all Qualified Self Insurers as a condition precedent to their authority to transact business in the Commonwealth of Kentucky shall be and remain members of the Association. KRS 304.39-290 further provides that the costs of the Association shall be shared by the members. A onetime membership fee of \$10.00 is required of each Qualified Self-Insurer along with the attached application. Please return your payment and application within thirty (30) days to the address at the bottom of this letter.

In addition to the one-time membership fee, you will also participate in the expenses of the Association and will receive an annual notice of assessment.

Our Plan of Operations and Rules can be found on our website at [www.kyinsplans.org](http://www.kyinsplans.org).

If you have any questions, you may contact our office at 502-327-0372 or by email at [kyauto@kaip.org](mailto:kyauto@kaip.org).

Sincerely,

Mark Hillis  
Manager

Encl.

# Kentucky Insurance Arbitration Association

Name  
Company  
Address  
Address

## Qualified Self Insurer - Membership Application

Legal Status:  Corporation  Partnership  Sole Proprietorship  Individual  Other

(Explain) Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone and Fax Numbers: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_

As a condition precedent to becoming a qualified self-insurer, I (we) hereby apply for membership in the Kentucky Insurance Arbitration Association. I (we) understand this request is conditional and is based on my approval as a qualified self-insurer. If my application to become a self-insurer is not approved by the Kentucky Department of Insurance, my application fee of \$10.00 will be returned upon my request. I (we) also understand that membership in the Kentucky Insurance Arbitration Association, if approved, does not in any way provide any type or form of insurance coverage.

I (we) also understand that as a member of the association that I (we) are subject to an annual assessment of the claims and expenses of the Association and that non-payment of the annual assessment will result in the termination of membership and notification to the Kentucky Department of Insurance.

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Kentucky DOI Number: \_\_\_\_\_  \$10.00 Fee Attached