

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 address. If there are any questions, please contact the P&C Division at 502 564 6046.

Group Name:		Group NAIC #
List all member comp		identical information is applicable. Please use a separate tion is not identical.
Company Name:		Company NAIC# :
Company Name:		
Company Name:		Company NAIC# :
		Company NAIC# :
Contact Person Name) :	Title:
Street Address:		
Mailing Address:		
Phone:	Toll from	ee :
FAX:	Email:	
Contact Person for C	laims and/or Emerg	encies
(if different from above	/e):	
Name:	Tit	le:
Street Address:		
Mailing Address:		
		Toll free:
FAX:	Email:	
If there are any questions E-Mail: Jeff.Centers@ky.q		ntact the P&C Division as follows:
Phone: (502) 564-5161, or	<u></u>	
FAX (502) 564-5922.		

CPQ-1 P&C 9/2004