



**COMMONWEALTH OF  
KENTUCKY**  
**Department of Insurance**  
 P .O. Box 517  
 Frankfort, Kentucky 40602-0517

**CONTACT PERSON QUESTIONNAIRE  
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 companies for whom the identical information is applicable. Please use a separate page for individual companies if information is not identical.

Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____
Company Name: _____	Company NAIC# : _____

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Toll free: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Person For Claims and/or Emergencies  
(if different from above):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Toll free: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Email: \_\_\_\_\_

If there are any questions regarding this form, contact the P&C Division as follows:

E-mail: [Amy.Folker@ky.gov](mailto:Amy.Folker@ky.gov) or  
 Phone: (502) 564-6046, or  
 FAX (502) 564-2728.