



COMMONWEALTH OF KENTUCKY
OFFICE OF INSURANCE
215 West Main Street
P.O. Box 517
Frankfort, Kentucky 40602

ATTACH \$200 FILING FEE MADE PAYABLE TO THE KY STATE TREASURER PER 806 KAR 4:010

APPLICATION FOR MOTOR VEHICLE SELF-INSURANCE

Pursuant to KRS 304.39-080(7) and 806 KAR 39:050

The undersigned entity, desiring to be self-insured for the purposes of Subtitle 39 of Chapter 304 of the Kentucky Revised Statutes, submits the following application to the Commissioner of Insurance:

1. Name of Applicant

2. Principal Address of the Applicant

Number Street State Zip

3. Principal Office of Applicant in Kentucky (If different from 2 above)

Number Street State Zip

4. The Applicant is (State whether individual, partnership, limited partnership, corporation, or governmental entity.)

5. The Agent upon whom legal process should be served is

6. List the name and address of the owner, if a proprietorship; all partners, if a partnership; the principal officers and directors, if a corporation; officers, if a governmental entity.

(Attach schedule if additional space is necessary.)

7. Does this application for Self-Insurance apply to subsidiaries of the applicant if any?  
Yes ( ) No ( )

If Yes, list those subsidiaries to which it applies.

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8. If the Applicant is a subsidiary, give the name and address of the parent corporation.

Name

Number

Street

City

State

Zip

9. List the number, types and identification number of motor vehicles owned or leased by the applicant and to which insurance will apply. For definition of motor vehicle, see, KRS 3404.39-01.

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(Attach schedule if additional space is needed.)

10. The security required by this act may be in the form of:

- (a) Surety bond by an insurer authorized to do business in Kentucky and in the form prescribed by the commissioner; or
- (b) A deposit of securities or other assets of the type which may be deposited pursuant to KRS 304.8-030. The commissioner may require such assets to be deposited pursuant to KRS 304.8-095.

11. In consideration of the approval of this application, the applicant hereby agrees as follows:

- (a) To furnish security required by 806 KAR 39:050, to continue in such amounts at such times as are required by the regulation; and

(b) If not a governmental entity as defined in KRS 304.39-080, to pay tort liabilities and basic reparation benefits, to participate in the Kentucky Assigned Claims Plan and the Kentucky Insurance Arbitration Association, and to perform all other obligations imposed by Subtitle 39 of KRS Chapter 304. It is assumed that liability limits of \$25,000/\$50,000/\$10,000 will be provided unless the applicant files with the Department of Insurance a written commitment to provide a single limit of \$60,000, or other limits selected by the applicant; or

(c) If a governmental entity is defined in KRS 304.39-080, to pay (check either or both)

tort liabilities on the basis of \$25,000/\$50,000/\$10,000, unless the applicant has filed with the Department of Insurance a written commitment to provide a single limit of \$60,000 or other limits selected by the applicant.

basic reparation benefits.

If basic reparation benefits are to be provided, the applicant further agrees to participate in the Kentucky Assigned Claims Plan and the Kentucky Insurance Arbitration Association. The applicant agrees to perform all other obligations imposed by Subtitle 39 of KRS Chapter 304.

12. Please indicate whether the applicant provides a deductible to basic reparation benefits (See, KRS 304.39-140(4)). If so, please indicate the amount of the deductible.

13. Applicant should submit as Annex A a balance sheet, his most current balance sheet. Annual report to shareholders will be acceptable if it specifically contains all the information listed on the following page. The balance sheet so submitted should reflect whether it is audited and certified. If no audited and certified balance sheet by a certified public accountant is available, explain why and attach the financial information on page 5.

I, \_\_\_\_\_ (Name of individual, partner, or officer or agent of the corporation or governmental entity)

acknowledges that I am \_\_\_\_\_, (sole owner, partner, or title if corporate or governmental officer) of \_\_\_\_\_

and that the foregoing application and annexes attached hereto are true to the best of my knowledge and belief.

\_\_\_\_\_  
Name

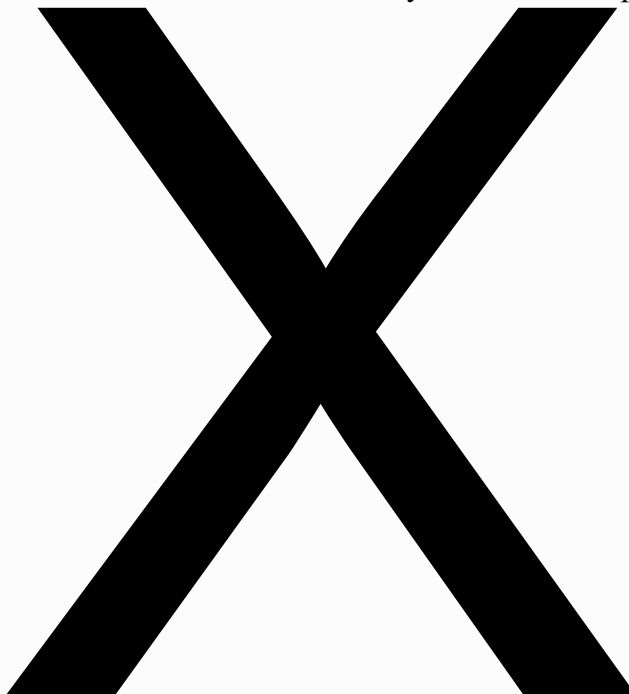
\_\_\_\_\_  
Title

COMMONWEALTH OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing Application for Self-Insurance was subscribed and sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_  
(Name of individual,  
partner, or officer or agent of the corporation or governmental entity)

My commission expires: \_\_\_\_\_



**\*STATEMENT OF ASSETS AND LIABILITIES\***

as of last closing date ----- ' 20\_\_\_\_

Assets

Cash		\$ _____
Trade notes and accounts receivable	\$ _____	_____
(a) Less allowance for bad debts	_____	_____
Inventories		_____
Other current assets (attach schedule)		_____
Loan to stockholders or partners		_____
Mortgage and real estate loans		_____
Other investments (attach schedule)		_____
Buildings and other fixed depreciable assets	_____	_____
(a) Less accumulated depreciation	_____	_____
Depletable assets	_____	_____
(a) Less accumulated depletion	_____	_____
Land (net of any amortization)		_____
Intangible assets (amortizable only)		_____
(a) Less accumulated amortization		_____
Other assets (attach schedule)		_____
Total assets		\$ _____

Liabilities and Net Worth

Accounts payable		\$ _____
Mortgages, notes, bonds payable in less than one (1) year	_____	_____
Other current liabilities (attach schedule)		_____
Loans from stockholders or partners		_____
Mortgages, notes, bonds payable in one (1) year or more	_____	_____
Other liabilities (attach schedule)		_____
Capital stock, if any:		
(a) Preferred stock	_____	
(b) Common stock	_____	
Paid-in or capital surplus, if any		_____
Retained earnings		_____
Less cost of treasury stock		_____ (---)
Net worth of Corporation, or		_____
Net worth of Partnership, or		_____
Net worth of individual, or		_____
Net worth of Governmental Entity		_____
Total liabilities and net worth		\$ _____

\*Must be less than one (1) year old.

Commissioner of Insurance  
Kentucky Department of Insurance  
P.O.Box 517  
Frankfort, Kentucky 40602

**IRREVOCABLE LETTER OF CREDIT**

Dear Commissioner:

As a duly authorized officer of the \_\_\_\_\_  
(Bank)

\_\_\_\_\_, I hereby certify that the \_\_\_\_\_  
(Address of Bank)

\_\_\_\_\_ has caused this bank to establish an irrevocable credit to your account in the sum of \$200,000.00 for the sole purpose of serving as security for the obligation of the \_\_\_\_\_ provide payment for tort liabilities or basic reparation pursuant to KRS 304.21-01, 806 KAR 39:050, and all other provisions of KRS Chapter 304. Said credit shall be payable only upon your order certifying that the \_\_\_\_\_ has properly denied payment for tort liabilities or basic reparation benefits pursuant to KRS 304.21-01, 806 KAR 39:050, and all other provisions of KRS Chapter 304.

The aforementioned credit shall expire when the amount is received and paid or otherwise released in accordance with your order as Commissioner when the motor vehicle self-insurance status of the \_\_\_\_\_ is suspended or otherwise terminated, provided, however, it will not expire until thirty (30) days after written notice has been given to the \_\_\_\_\_ with the Commissioner.

Unless otherwise expressly stated, this credit is subject to Article 5 of the Uniform Commercial Code as set forth in Chapter 355.5.

Done this \_\_\_\_\_ day \_\_\_\_\_

\_\_\_\_\_  
Name of Bank

BY: \_\_\_\_\_  
Officer

\_\_\_\_\_  
Title

**KENTUCKY NO-FAULT SELF-INSURER'S BOND**

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_

as Surety, and \_\_\_\_\_

\_\_\_\_\_ as Principal, are bound in the sum of \_\_\_\_\_

The purpose of this bond is to provide security for the Principal's obligation to provide payment for tort liabilities, basic reparation benefits, or both, pursuant to KRS 304.39-080, 806 KAR 39:050, and all other provisions of KRS Chapter 304.39.

Now, therefore, the condition of this obligation is such that the above bound Principal shall fulfill the obligations under KRS 304.39-080, 806 KAR 39:050, self-insurance, and all other provisions of KRS Chapter 304.39, then this bond shall be void, otherwise to remain in full force and effect, subject, however, to the following express conditions:

- I. This is a continuous bond and shall remain in full force and effect until terminated by the Surety, as hereinafter provided, or until the Principal's status as a self-insurer has been revoked or terminated by the Department of Insurance and in either of such events the Surety shall have no further liability except for the said obligations of the Principal.
2. This bond may be terminated by the Surety by written notice of its intention to do so to the Commissioner of Health of Kentucky, Office of Insurance, 215 West Main Street, P. O. Box 517, Frankfort, Kentucky 40602, and by giving written notice thereof to the Principal, in which event the Surety's liability shall terminate at the expiration of sixty (60) days from the date such notice was filed and not earlier.

In witness whereof, the Principal and Surety have hereunto set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Attest:

\_\_\_\_\_

BY: \_\_\_\_\_  
(Witnesses)

BY: \_\_\_\_\_