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

PROPERTY AND CASUALTY DIVISION

KENTUCKY CERTIFICATION OF EXEMPT COMMERCIAL POLICYHOLDER STATUS
PURSUANT TO KRS 304.11-020

THIS IS A ___ NEW FILING ___ RENEWAL OF FILING #_____

THE UNDERSIGNED, ON BEHALF OF _____ (THE "INSURED") CERTIFIES THAT THE INSURED MEETS THE FOLLOWING QUALIFICATIONS OF AN EXEMPT COMMERCIAL POLICYHOLDER UNDER KENTUCKY LAW:

1. _____, IS THE INSURANCE AGENT OR BROKER EMPLOYED TO PROCURE COMMERCIAL INSURANCE WITH THE SERVICES OF OF _____, A FULL-TIME RISK MANAGER OR _____, A LICENSED INSURANCE CONSULTANT: AND

   a) ___ INSURED IS A CITY, COUNTY OR URBAN-COUNTY WITH A POPULATION OF AT LEAST FIFTY THOUSAND (50,000); OR,

   ___ INSURED IS THE COMMONWEALTH OF KENTUCKY; OR,

   ___ INSURED IS A NOT-FOR-PROFIT ORGANIZATION OR A PUBLIC ENTITY WITH AN ANNUAL BUDGET OF AT LEAST TWENTY-FIVE MILLION DOLLARS ($25,000,000) OR ASSETS OF AT LEAST TWENTY-FIVE MILLION DOLLARS ($25,000,000) IN THE PRECEEDING FISCAL YEAR.

OR

   b) ___ INSURED CERTIFIES THAT IT MEETS ALL FOUR OF THE FOLLOWING CRITERIA:

   1. POSSESSES A NET WORTH OF MORE THAN TWENTY-FIVE MILLION DOLLARS ($25,000,000); AND

   2. GENERATED NET REVENUE OR SALES OF MORE THAN FIFTY MILLION DOLLARS ($50,000,000) IN THE PRECEDING FISCAL YEAR; AND

   3. EMPLOYS MORE THAN ONE HUNDRED (100) EMPLOYEES PER INDIVIDUAL COMPANY OR TWO HUNDRED (200) EMPLOYEES PER HOLDING COMPANY AGGREGATE; AND

   4. THE AGGREGATE ANNUAL PREMIUMS FOR INSURANCE ON RISK, *EXCLUSIVE OF LIFE, HEALTH, OR MEDICAL INSURANCE OR ANNUITY PREMIUMS* TOTAL AT LEAST FIVE HUNDRED THOUSAND DOLLARS ($500,000) IN THE PRECEDING FISCAL YEAR.

DATED: _____

BY: _____
SIGNATURE OF AUTHORIZED INDIVIDUAL

_____
TITLE OF AUTHORIZED INDIVIDUAL

OF: _____
NAME OF INSURED ENTITY

_____
ADDRESS OF INSURED ENTITY

_____
ADDRESS OF INSURED ENTITY

_____
FEDERAL EMPLOYER IDENTIFICATION NUMBER

FOR DEPARTMENT USE ONLY

REGISTRATION FILE #_____

REGISTRATION DATE_____

EXPIRATION DATE_____

ECP-1 P&C (3/10)