



**COMMONWEALTH OF KENTUCKY**

**Department of Insurance**

P.O. Box 517

Frankfort, Kentucky 40602-0517

**PROPERTY AND CASUALTY DIVISION**

**KENTUCKY CERTIFICATION OF INDUSTRIAL INSURED 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 INDUSTRIAL INSURED  
UNDER KENTUCKY LAW:

1. \_\_\_\_\_, A FULL-TIME EMPLOYEE OF INSURED, HAS BEEN APPOINTED TO BE THE INSURANCE BUYER AND/OR MANAGER FOR INSURED: AND
2. THE ESTIMATED ANNUAL PREMIUMS FOR ALL RISKS, *EXCLUSIVE OF LIFE AND HEALTH INSURANCE*, PAID BY INSURED TOTAL AT LEAST \$25,000; AND,
3. INSURED HAS AT LEAST 25 FULL TIME EMPLOYEES: AND,
4. INSURED WAS QUALIFIED AS AN INDUSTRIAL INSURED AS OF JULY 1, 1999.

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

<b>FOR DEPARTMENT USE ONLY</b>
REGISTRATION FILE # _____
REGISTRATION DATE _____
EXPIRATION DATE _____