



**Commonwealth of Kentucky  
KENTUCKY DEPARTMENT OF INSURANCE  
PRODUCER APPOINTMENT**

P.O. Box 517  
Frankfort, KY 40602-0517  
(502) 564-6004

email: [DOI.AgentLicensingMail@ky.gov](mailto:DOI.AgentLicensingMail@ky.gov)  
<http://insurance.ky.gov>

**For Office Use Only**

Amt. Rec'd \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Tracking No. \_\_\_\_\_  
Cashier: \_\_\_\_\_  
Amt. Rec'd \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Tracking No. \_\_\_\_\_  
Cashier: \_\_\_\_\_

<u>Appointment Fee</u> Per Insurer Submitted	
<b>Resident</b>	
Individual	\$ 40.00
Business Entity	\$ 100.00
<b>Non-Resident</b>	
Individual	\$ 50.00
Business Entity	\$ 120.00
<i>All Fees must be made payable to the Kentucky State Treasurer</i>	

**SECTION I -- LICENSEE INFORMATION (Please Type or Print Clearly)**

KY DOI# or NPN	Business Entity Agent Name				
Individual Agent Last Name	First Name		Middle Name		
Resident Address (Individual Only)	City	State	County	Zip Code	Phone ( )
Business Address	City	State	County	Zip Code	Phone ( )

**SECTION II -- LINE OF AUTHORITY - (Please check all lines of authority that apply to the following Insurer appointments)**

Life	Property	Travel
Health	Casualty	Limited Line Credit
Variable Life & Variable Annuity	Personal Lines	Crop
Rental Vehicle Insurance Managing Employee	Self-Service Storage Space	

**SECTION III -- INSURER INFORMATION (May also list affiliate insurers and include fee for EACH)**

Insurer Name	FEIN
Insurer Name	FEIN
Insurer Name	FEIN
Insurer Name	FEIN
Insurer Name	FEIN
Insurer Name	FEIN
Insurer Name	FEIN

**SECTION IV -- INSURER INFORMATION** As an authorized representative of the insurer, I certify that the insurer has investigated and concluded the insurer will not be in violation of KRS 304.47-025(2), or 304.9-505(5(b)) by appointing this agent because the agent :

- Is trustworthy, reliable, of good reputation, and competent to act as an agent for this insurer; and
- Has not been convicted of any felony offense involving dishonesty or breach of trust and has not been convicted of a fraudulent insurance act; or
- Has received written consent from the Commissioner in accordance with KRS 304.47-025(3).

OFFICER or AUTHORIZED REPRESENTATIVE OF INSURER(S):

Signature _____	Date _____
Name and Title (typed or printed) _____	Phone Number _____
Mailing Address or Contact Address _____	E-mail Address _____

**Office Date Stamp**

**NOTE:** Appointment Fee is based on the following, per insurer: (Life, Variable Life & Variable Annuities, and Health) one fee; (Property and Casualty) one fee when processed at the same time; and all other lines of authority, fee applies to each.