

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
FORMS INDEX SHEET

WC Self-Insured Group
FILING NUMBER

DATE OF FILING

FORM NUMBER	EDITION DATE	R/N	FORM TITLE	* TYPE

R/N: (R= Replacement Form; N= New Form)

* (Types: Application=APP, Certificate=CRT, Coverage Form=COV, Declarations Page/Schedule=DEC, Endorsement=END, Policy Jacket=JAC), Indemnity Agreement= NDM.