

PLACE  
STAMP  
HERE

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MAIL TO:

MOTOR VEHICLE INSURANCE ADMINISTRATOR  
DIVISION OF MOTOR VEHICLE LICENSING  
POST OFFICE BOX 2014  
FRANKFORT, KY 40622-2014

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KENTUCKY TRANSPORTATION CABINET  
FAX TRANSMITTAL FOR INSURANCE BINDER CANCELLATION FORM

DATE \_\_\_\_\_  
TIME \_\_\_\_\_

TOTAL PAGES BEING TRANSMITTED \_\_\_\_\_  
(Including this cover sheet)

TO: Division of MVL Insurance Administrator  
200 Mero Street  
Post Office Box 2014  
Frankfort, KY 40602-2014  
Bus. Phone: 502-564-5301  
Fax Phone: 502-564-1841

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Bus. Phone No.: \_\_\_\_\_  
Fax Phone No.: \_\_\_\_\_  
Fax Operator: \_\_\_\_\_

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MESSAGE:

**MOTOR VEHICLE INSURANCE AGENT  
INSURANCE BINDER CANCELLATION FORM**

**IMPORTANT:** Per KRS 304.39- "If the owner of a motor vehicle has been issued a binder or other contract for temporary insurance for motor vehicle security, and subsequently contacts the agent who issued the binder or other contract for temporary insurance to cancel the motor vehicle security before the agent has forwarded the person's application for a binder or other contract for temporary insurance to the insurance company, the agent shall immediately notify the Department of Vehicle Regulation that the owner has cancelled the binder for motor vehicle security."

(PLEASE PRINT OR TYPE ALL INFORMATION REQUIRED BELOW)

**INSURANCE AGENCY SECTION**

AGENCY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_  
AGENT NO.: \_\_\_\_\_ TELEPHONE NO.: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**INSURANCE COMPANY SECTION**

COMPANY NAME: \_\_\_\_\_ KY ASSIGNED CO. CODE: \_\_\_\_\_

**INSURED / POLICY HOLDER SECTION**

INSURED NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
HOME TELEPHONE NO.: ( ) \_\_\_\_\_ BIRTH DATE: (Mo/Day/Yr) \_\_\_\_\_  
KY DRIVER LICENSE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

**MOTOR VEHICLE(S) SECTION**

VEH 1 - YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
VIN: 

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VEH 2 - YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
VIN: 

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VEH 3 - YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
VIN: 

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VEH 4 - YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
VIN: 

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VEH 5 - YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
VIN: 

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**BINDER / POLICY SECTION**

BINDER / POLICY NO.: \_\_\_\_\_  
BINDER EFFECTIVE DATE: \_\_\_\_\_ BINDER CANCELLATION DATE: \_\_\_\_\_  
AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT: See Back of This Page For Mailing and Faxing Information**