



Commonwealth of Kentucky
Transportation Cabinet
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, KY 40622

Mandatory Kentucky Insurance Reporting Enrollment Form
KRS 186A.042 and KRS 304.039 - 087

Please provide the following information for enrollment in the insurance program.

Company Name _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Contact Person _____

Email Address _____ Fax # _____

Second Contact Person _____

Email Address _____ Fax # _____

Phone Number _____

Will you be submitting active book of business/commercial cancellations for any other insurance company? Yes No

- 1. _____ NAIC # _____
- 2. _____ NAIC # _____
- 3. _____ NAIC # _____
- 4. _____ NAIC # _____
- 5. _____ NAIC # _____
- 6. _____ NAIC # _____
- 7. _____ NAIC # _____

(If more than 7 companies are reporting, attach list)