COMMONWEALTH OF KENTUCKY
Department of Insurance
P .O. Box 517
Frankfort, Kentucky 40602-0517

PROPERTY AND CASUALTY DIVISION

KENTUCKY CERTIFICATION OF GOVERNMENT ENTITY 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 IS A GOVERNMENT ENTITY, MUNICIPAL CORPORATION, OR PUBLIC AGENCY WHICH MEETS THE FOLLOWING QUALIFICATIONS OF A GOVERNMENT ENTITY INSURED UNDER KENTUCKY LAW:

1. INSURED IS LOCATED IN A CITY OR COUNTY HAVING A POPULATION OF LESS THAN FIFTY THOUSAND (50,000); AND,
2. _____, A FULL-TIME EMPLOYEE OF INSURED, HAS BEEN APPOINTED TO BE THE INSURANCE BUYER AND/OR MANAGER FOR INSURED: OR,
3. _____, IS INSURED'S REGULARLY AND CONTINUOUSLY-RETAINED QUALIFIED INSURANCE CONSULTANT; AND,
4. THE AGGREGATE ANNUAL PREMIUMS FOR INSURANCE ON RISK, *EXCLUSIVE OF LIFE, HEALTH, OR MEDICAL INSURANCE OR ANNUITY PREMIUMS* TOTAL AT LEAST (ONE HUNDRED THOUSAND DOLLARS $100,000); AND,
5. INSURED HAS AT LEAST FIFTY (50) FULL TIME EMPLOYEES.

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

FOR DEPARTMENT USE ONLY

REGISTRATION FILE #_____

REGISTRATION DATE_____

EXPIRATION DATE_____