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| **INSTRUCTIONS** *(Pursuant to KRS 186A.042 and KRS 304.039-087)* |
| Mail the completed form to the Kentucky Transportation Cabinet, PO Box 2014, Frankfort KY 40622-2014. |
| **SECTION 1: COMPANY INFORMATION** |
| **INSURANCE COMPANY NAME**      | **NAIC #/PROVIDER #**      |
| **ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **CONTACT PERSON 1**      | **PHONE**      | **FAX**      | **EMAIL**      |
| **CONTACT PERSON 2**      | **PHONE**      | **FAX**      | **EMAIL**      |
| Will you be submitting an active book of business/commercial cancellations for any other insurance company?[ ]  Yes [ ]  No |
| **INSURANCE COMPANY PROVIDER FOR** | **NAIC #** | **PERSONAL** | **COMMERCIAL** | **BOTH** |
| 1. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 2. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 3. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 4. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 5. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 6. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 7. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 8. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 9. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 10. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 11. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 12. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 13. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 14. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 15. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| 16. |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
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