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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. |  | | |  | | |  |  | | |  | | 17. |  | | |  | | |  |  | | |  | | 18. |  | | |  | | |  |  | | |  | | 19. |  | | |  | | |  |  | | |  | |