

IMMEDIATE RESPONSE REQUIRED

KENTUCKY SURPLUS LINES TAX FILING

THE FOLLOWING INFORMATION MUST BE RETURNED TO
THIS OFFICE IMMEDIATELY SO THE PROPER SURPLUS
LINES FILINGS CAN BE COMPLETED

THE **KENTUCKY** INSURANCE DEPARTMENT REQUIRES
THE NAMES OF THREE (3) COMPANIES DECLINING TO
WRITE THIS INSURANCE COVERAGE.

NAMED INSURED: _____

POLICY NO: _____

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined
------------------------------------	--------------------------------------	------------------

#1 _____

#2 _____

#3 _____

Please fax or mail form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.