



KENTUCKY
AGC Self Insurers' Fund

Supplemental Quote Application

KENTUCKY ASSOCIATED GENERAL CONTRACTORS SELF INSURERS' FUND (KY AGCSIF)

435 N Whittington Pkwy, Suite 125 | Louisville, KY 40222

Phone: (502) 415-7878 | www.kyagcsif.com

(FOR WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE ONLY)

COMPANY NAME (ALL ENTITIES): _____

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____ EMAIL: _____

LIST OWNERS, PARTNERS, MEMBERS OR CORPORATE OFFICERS

1. NAME _____	TITLE _____	E-MAIL _____
2. NAME _____	TITLE _____	E-MAIL _____
3. NAME _____	TITLE _____	E-MAIL _____
4. NAME _____	TITLE _____	E-MAIL _____

W/C INSURANCE COVERAGE IS CURRENTLY CARRIED BY:

I (we), and the company(s) for which I am the authorized agent do hereby formally apply for membership to the above named Fund for Kentucky workers' compensation coverage to be bound at 12:01 A.M. on _____, 20____ (effective date), and if my membership is accepted by the Fund's duly authorized representatives, and in consideration of coverage provided by the Fund do hereby designate and appoint the Fund, its Administrators, and its Trustees to act as my/our agents in all matters relating to The Kentucky Workers' Compensation Laws, and/or Employers' Liability and I (we) further agree to be bound by the following:

1. All provisions of:
 - a. The Kentucky Workers' Compensation Laws (KRS, Chapter 342)
 - b. The applicable Kentucky Insurance Laws and Regulations governing self-insured groups (Specifically, but not limited to KRS, Chapter 304.50)
 - c. The Kentucky Associated General Contractors Self Insurers' Fund Workers' Compensation and Employers' Liability Policy and Information Page. (Your Policy and an Information Page will be provided to you if your application is accepted.)
 - d. The Kentucky Associated General Contractors Self Insurers' Fund's Agreement and Declaration of Trust and any subsequent Amendments (Copy available upon written request)
 - e. The Indemnity Agreement or any amendment thereto by which group members jointly and severally bind themselves to pay their workers' compensation liability in accordance with Kentucky Insurance Laws and Regulations governing self-insured groups. I (we) further acknowledge that:
 THIS COVERAGE HAS BEEN PLACED WITH A WORKERS' COMPENSATION SELF-INSURED GROUP WHICH IS REGULATED BY THE KENTUCKY OFFICE OF INSURANCE AND HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE COVERED BY THE SELF-INSURED GROUP INSURANCE GUARANTY ASSOCIATION, BUT ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION. GROUP MEMBERS SHALL BE ASSESSED IN THE EVENT OF INSOLVENCY OF THE WORKERS' COMPENSATION SELF-INSURED GROUP.
 - f. Any legal action taken by the Fund's duly authorized representatives.

2. The actions and policies adopted by the Trustees of the Fund.



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3. I (we) and the Company(s) for which I am the authorized agent also agree:
- a. To pay my/our premium, audited premium or lawful assessment within thirty (30) days of the date the same shall become due.
 - b. To pay all costs of any collection of monies due the Fund together with the maximum rate of interest allowed by law including reasonable attorney fees incurred in such collection.
 - c. To notify the Fund immediately of any changes in corporate, partnership, sole proprietor, LLC, or any other legal entity structure, including location and/or address changes.
 - d. That coverage in the State of Kentucky shall be exactly in accordance with the terms and conditions of the Fund's written Information Page and Policy.
 - e. That "Other" States coverage shall be exactly in accordance with the terms and conditions of the Fund's written Information Page and Policy, and I (we), and the Company(s) for which I am the authorized agent, understand that Other States coverage is ONLY offered if the insured uses Regularly Employed Kentucky Employees. A Regularly Employed Kentucky Employee is defined as: An employee who is a resident of Kentucky and/or employed by a resident Kentucky employer, or is hired from a resident Kentucky Union Hall, and performs work within the scope of said employment for said employer for a minimum period of eight (8) hours in the Commonwealth of Kentucky PRIOR to performing any work in any other state, with said period evidenced by payroll records from said employer. This statement shall not conflict with KRS 342.670 (1), (a,b,c or d).
 - f. That the membership and coverage is continuing unless terminated by either the member or the Fund in accordance with Kentucky Insurance Laws and Regulations governing self-insured groups.

The following **confirms the trade association** for which you are a member of, or will be a member of with paid current dues within the next 30 days:

- AGC of Kentucky _____
- AGC of Western Kentucky _____
- Builders Exchange of Kentucky _____
- Home Builders Association of Kentucky _____ (Local Chapter / # _____)
- Kentucky Association of Highway Contractors _____
- Kentucky Association of Master Contractors _____
- Kentucky Crushed Stone Association _____

WARNING

Any person or entity who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Authorized Representative

Name _____

Title _____

Signature _____

Date _____