DEPARTMENT OF WORKERS' CLAIMS FRANKFORT, KENTUCKY 40601

EMPLOYERS APPLICATION FOR PERMISSION TO CARRY HIS OWN RISK WITHOUT INSURANCE

тотн	E DEPARTM	IENT OF WORKER	S' CLAIMS OF KENTU	JCKY:	, 20			
possesse	te of his-its fires sufficient fi	nancial ability to pay on nancial ability to reno	compensation directly, wit	hout insurance to injur such compensation, s	s' Compensation Act, here ed employees, and determi aid applicant under oath h hed page or pages.)	ne whether he-it		
1.	Name of app	plicant:						
2.	Address: (Number) (Street		t) (City or Town)					
	(C	County)	(Sta	te)				
3.	The applicant is(State whether individual, co-parts				ip, corporation, receiver or	trustee.)		
3.a	If consolida	ted balance sheet give	list of subsidiary compani	subsidiary companies included:				
4.	Describe briefly the general character of the operations performed and the articles manufactured or compounded at from the plant or the premises of the applicant.							
5.	Description	of Employment:						
	on of Plant Plants	Kind of Employment	Average # of Employees at all points	Average # of Employees in Kentucky	Actual Payroll For all employees In Kentucky			
TOTAI	LS:					- - -		
6. If a	a corporation,	partnership, or Limited	d Partnership, list below na	ames of officers, direct	ors, and residence of each.	_		
7. Sai								
	Have you a committee of safety whose duty is to recommend safety devices and to secure compliance with statutes or general orders of the above-mentioned agencies as to safety and sanitation?							
			nection with your establishment and service:					
8.	Federal Emp Federal and	ployer I.D. # State I.D. #'s are need	State Employer I.D led for each subsidiary, if	. #any are to be included.				

9. In consideration of the approval of this application the applicant hereby expressly agrees as follows:

Requested effective date to become self-insured:

10.

- a. That this privilege may be revoked at any time in the discretion of The Department of Workers' Claims.
- b. That the applicant will fully discharge by cash payment all installments of compensation for partial disability, promptly, when due, and liability for physician fees, hospital service, hospital supplies within 30 days after such liability shall be determined either by an agreement or an award.
- c. If The Department of Workers' Claims so requires, the applicant, within thirty days after his-its continuing liability to pay compensation to an injured employee for a definite period for a permanent injury or to the dependents of a deceased employee, for his death, has been determined either by an agreement or an award, will make a special deposit, with some bank or trust company within the Commonwealth of Kentucky to be approved by the Department of Workers' Claims of the full amount of such terms that it can be withdrawn only on the checks of the applicant, payable to the person or persons entitled thereto, and having attached thereto a voucher for the amount thereof, executed by the person or persons to whom such check is payable.
- d. The applicant agrees to file with the Department of Workers' Claims for its approval before the granting of this application, an acceptable security, indemnity of bond, to secure to such an extent as the Department of Workers' Claims may direct the payment of compensation liabilities as they are incurred.

Todation of the table to become			
		If Corporation	_
		By President and Managing Officer	_
COMMONWEALTH OF KENTUCKY COUNTY OF			
application are true.	, being first duly s	worn, upon oath, says that the facts set forth in the for	egoin
Subscribed and sworn to before me, this	day of		
	-	Notary Public	
My commission expires on the	day of	20	