



KENTUCKY REAL ESTATE COMMISSION

Mayo-Underwood Building
500 Mero Street 2NE09
Frankfort, Kentucky 40601
(502) 564-7760

CERTIFICATION OF INSURANCE COVERAGE

This action may be completed in the online licensing portal. Please allow 5 – 10 business days to process the paper form.

INSURED'S INFORMATION

- Check ONE:
- I am certifying private insurance coverage for an INDIVIDUAL.
 - I am certifying private insurance coverage for a COMPANY or FIRM.
 - I am certifying Extended Reporting Period (ERP) Insurance coverage before inactivating my license.
- Complete the section of this form that corresponds to your selection above, and submit it with the **\$10.00 fee by check or money order** made out to the **Kentucky State Treasurer**.
 - The certification below must be completed by an **authorized representative of your insurance carrier**. In most cases, this is **NOT an individual covered by the insurance policy**.
 - If you are certifying coverage for yourself as an individual, your policy may follow you from firm to firm. It is your responsibility to ensure that there are no lapses in coverage if you switch firms.

INDIVIDUAL / ERP COVERAGE

Name of Insured	License No.
Name of Principal Broker	

FIRM PRIVATE COVERAGE

Brokerage or Firm			
Name of Principal Broker		License No.	
Mailing Address	City	State	Zip

NOTE: You must complete and submit the "Insured Licensee Addendum" attached to this form.
Attach additional copies of the Addendum, as necessary.

CERTIFICATION OF AUTHORIZED INSURANCE COMPANY REPRESENTATIVE

This section must be completed by an authorized representative of your insurance company.

Name of Insurance Company		NAIC No.
Policy No.	Policy Date(s)	
Limit of Liability	Deductible	Annual Aggregate

I, _____, (print full name) certify that I am authorized to execute this document on behalf of the above-named Insurance Company. I further certify that, based on the information provided to me in this form and its attachment(s), the above-referenced insurance policy meets or exceeds the standards set forth in 201 KAR 11:220 and KRS 324.310 for coverage of claims resulting from real estate agent errors and omissions for all licensees covered by the policy.

Signature of Insurance Company Representative X	Date
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INSURED LICENSEE ADDENDUM

Reprint this sheet and attach as many copies as necessary. Please indicate the total number of sheets attached.

Page ____ of ____

1.	Name of Insured	License No.
2.	Name of Insured	License No.
3.	Name of Insured	License No.
4.	Name of Insured	License No.
5.	Name of Insured	License No.
6.	Name of Insured	License No.
7.	Name of Insured	License No.
8.	Name of Insured	License No.
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13.	Name of Insured	License No.
14.	Name of Insured	License No.
15.	Name of Insured	License No.
16.	Name of Insured	License No.
17.	Name of Insured	License No.
18.	Name of Insured	License No.
19.	Name of Insured	License No.
20.	Name of Insured	License No.