

Private Carrier Certification of Coverage

Under KRS 324.395 and 201 KAR 11:220

KENTUCKY REAL ESTATE COMMISSION

10200 Linn Station Road, Suite 201, Louisville, Kentucky 40223
Phone (502) 429-7250 and 1-888-373-3300, Fax: (502) 429-7246
Website: www.krec.ky.gov

Please type or print legibly in ink:

I hereby certify that the insurance company listed below has at least a "B+" or better rating from the A.M. Best Insurance Rating Service. I also certify that the policy meets the minimum requirements set forth in 201 KAR 11:220. I further certify that the policy issued to:

Licensee Name: _____ (If coverage is being certified for more than one licensee, a list of additional licensees to be covered must be attached to certify that each licensee meets the minimum requirements as set forth below)

Please check whether this is for firm coverage _____ or individual coverage _____
(Individual coverage must follow the licensee from firm to firm)

If this is for firm coverage, please fill out the name and address of the real estate company:

Real Estate Company Name: _____

Address: _____ City _____
State _____ Zip Code _____

Fill out below for firm or individual coverage:

Insurance Company: _____

Policy Number: _____ Policy Date(s): _____

Limit of Liability: _____ no less than \$100,000 per claim

Deductible: _____ may not exceed \$2,500 for judgment or settlement per claim
and \$1,000 for the cost of investigation and defense per claim

Annual Aggregate: _____ none, or no less than \$1,000,000 per licensee on an individual policy

However, a principal broker who purchases independent "Firm Coverage" shall certify the following aggregate amounts:

- (a) 1-40 licensees -- \$1,000,000 annual aggregate
- (b) 41+ licensees -- \$2,000,000 annual aggregate

The licensee listed above is insured against claims resulting from real estate agent errors and omissions and the above-referenced policy includes, at a minimum, the standards set forth in 201 KAR 11:220 and the Kentucky Real Estate Commission bid specifications for errors and omissions insurance.

It is further understood and agreed that the coverage for the person(s) insured by this policy may not be terminated, cancelled, lapsed or non-renewed, regardless of cause or reasons, without the Company having provided the Kentucky Real Estate Commission, 10200 Linn Station Road, Suite 201, Louisville, Kentucky 40223 with prior written notice.

Authorized Insurance Representative

Print Name Signature Title

Date Phone Number

Address: _____ City _____

State _____ Zip Code _____