FORM IM-1 (5/19)

COMMONWEALTH OF KEN	THCKY - DIVISION	I OF STATE RISK & INSU	RANGESERVIGES
	TATE AND READENT	F ADD / CHANCE FOD	r
ALL KINN	INTAND WAKIN	E ADD / CHANGE FORM	

<b>CERTIFICATE #</b>									
CABINET									
<b>DEPARTMENT</b>									
DIVISION									
CONTACT PERSON eMAIL				<b>PHONE</b> #					
PROPERTY ADDRESS						_			
PERMANENT COVERAGE EFFECTIVE DATE			(mm/dd/yyyy)	_					
		-							
TRANSIT COVERAGE YES		YES	NO	ONE WAY	ROUNDTRIP	OTHER			
EXHII	BIT COVERAGE	YES	NO						
PROPERTY ID	ות	PROPERTY CLASS	TACC	CLACC TUDE	OLD TOTAL	NEW TOTAL	COVERAGE	RATING	CLASS
PROPERTY ID PROPERT		NOPERITU	CLASS	CLASS TYPE	VALUE	VALUE	CHANGE (+/-)	Per \$	100
	OFF	ICF CON	TENTS	10				\$	0.25
	OFFICE CONTENTS FINE ARIS CAMERAS/RELATED EQUIPMENT		10						
			20				\$	0.25	
			30				•	0.10	
							\$	0.42	
							\$	1.40	
	MUSICAL EQUIPMENT		<b>40</b>				\$	1.40	
CONTRACTOR/FARM						8	0.37		
	EQUIPMENT		<b>50</b>				•	0.07	
RADIO/COMMUNICATION						\$	0.37		
	EQUIPMENT		61						
	SCIENTIFIC/MEDICAL EQUIPMENT MISC PROPERTY LAPTOP COMPUTERS		80				\$	0.25	
			90				\$	0.50	
			90						
			0				\$	0.05	
				v					
	EXHIBI	T / TEMI	PORARY*	91				\$	0.25
					is only an estimate, a	struel Data Fastanu	-111		
				-	line" rates that may		•		
					me lates that may	minge every year a	I ICHEWAL		
	* eMail -o	or- Mail your (	Completed Form *						
Division of State Risk & Insurance Services									
500 Mero St., 1st Floor									
Frankfort, KY 40601									