

**COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES**  
**MASTER COMPUTER FORM**

**INSURED PORTION**

**CERTIFICATE #**

**EFFECTIVE DATE** \_\_\_\_\_  
(mm/dd/yyyy)

**CABINET**

**DEPARTMENT**

**PROPERTY NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**CONTACT PERSON**

**PHONE #** \_\_\_\_\_

**eMAIL**

EDP COVERAGE TYPE (list)		OLD COVERAGE	NEW COVERAGE	DIFFERENCE (-/+)
<b>Hardware</b>				
<b>Data Media</b>				
<b>Extra Expense</b>				
(list additional)				
(list additional)				
<b>TOTALS</b>				

**\*eMail-or-Mail your Completed Form (only one)\***

**EMAIL CONTACTS ("EMAIL FORM" Button)**

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