

FINANCE AND ADMINISTRATION CABINET
Division of State Risk and Insurance Services
Complimentary Training - Request Form

AGENCY: _____ **CERTIFICATE #:** _____

CABINET: _____

ADDRESS: _____ **City:** _____

1. What types of training are you requesting: (Please select all that apply)

General Overview of the Commonwealth's Property and Casualty Insurance Fund

Property Claims Process

General Overview of the Kentucky Self Insured Auto Program

Auto Claim Process

Kentucky Self-Insured Auto Program (Invoices, Scheduling, and Audits)

Sprinkler Inspection Program

2. Number of attendees expected?

3. Preferred Dates: (Please provide at least four (4) dates and times)

1st Preferred Date and Time: _____

2nd Preferred Date and Time: _____

3rd Preferred Date and Time: _____

4th Preferred Date and Time: _____

4. Contact Person(s):

1st Name:

eMail:

Phone:

2nd Name:

eMail:

Phone:

*** INTERNAL USE ONLY ***

Date Received: _____

Date Scheduled: _____

Time Assigned: _____

Staff Assigned:

Select EMAIL FORM button to send to: Ryan Barnard, IT Business Analyst

or email: ryan.barnard@ky.gov / Mail: 500 Mero St., 1st Floor, Frankfort KY 40601