

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 (-/+)
Hardware			
Data Media			
Extra Expense			
<i>(list additional)</i>			
<i>(list additional)</i>			
TOTALS			

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

MAIL TO:
 Division of State Risk & Insurance Services
 500 Mero St., 1st Floor
 Frankfort, KY 40601
 (502) 564-6055