

*CABINET POLICY: Insurance does not go into effect until the Kentucky Volunteer Insurance Program has received premium.*

## COURT REFERRAL INSURANCE PROGRAM

**2011-2012**

Please furnish **ALL** information as requested below. Please **TYPE** or **PRINT**.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Last First M.I. Include area code

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
dd/mm/yyyy

ADDRESS: \_\_\_\_\_  
Street City Zip

DESCRIPTION OF VOLUNTEER ACTIVITY: \_\_\_\_\_

VERIFICATION FROM SUPERVISOR: \_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_ Title Phone #

BENEFICIARY OF THE INSURED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Accident:	<i>Rate</i> \$ 9.00
Handling fee to cover the cost of processing: (postage, copying, membership fee, etc.)	<u>\$ 7.00</u>
<b>TOTAL AMOUNT ENCLOSED:</b>	<b><u>\$16.00*</u></b>

*\*Due to rising costs to the KCCVS for insurance policies, rates for court referral insurance have increased.*

Coverage will expire on June 30, 2012 regardless of the effective date. Fees will not be pro-rated for those applying during the year. **PLEASE DO NOT SEND CASH.** Make your money order payable to "Volunteer Insurance" and mail the application to:

Kentucky Volunteer Insurance Program  
275 East Main Street, 3W-E  
Frankfort, KY 40621

Please allow approximately two weeks for your application to be processed and a receipt mailed verifying your coverage.

Contact the KCCVS at (800) 239-7404 or [kccvs@ky.gov](mailto:kccvs@ky.gov) regarding coverage information. Forms can be found at <http://chfs.ky.gov/dfrcv/kccvs/insurance>.

**FOR OFFICE USE ONLY:**

Receipt Date:

Signature:  
\_\_\_\_\_

**Please feel free to copy this form and share it with volunteers who may not have received it.**

