

**WILLIAMS UNDERWRITING GROUP (WUG)  
2010 KENTUCKY OPTIONAL FIRM ENROLLMENT FORM**

JANUARY-MARCH 2010

**Please Note: Individual Licensees still must purchase their own coverage.**

Legal Name of Firm \_\_\_\_\_

Principal Broker: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (W) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax # \_\_\_\_\_

County of Firm: \_\_\_\_\_

	Premium	Premium Due												
<b>PLEASE SELECT LIMIT OF LIABILITY</b>  \$100,000 per claim / \$1,000,000 aggregate or \$250,000 per claim / \$1,000,000 aggregate or \$500,000 per claim / \$1,000,000 aggregate	\$31.25  \$50.00  \$60.00													
<b>Amount due for liability premium</b>	<b>SUBTOTAL</b>	\$ _____												
<b>Add (Municipal tax rate x Subtotal) for tax due</b> Please see your broker for the correct municipal tax rate The tax rates are also available on the KREC web site – <a href="http://www.krec.ky.gov">www.krec.ky.gov</a>	<u>Tax</u> <u>Rate:</u> _____ %	\$ _____ (Subtotal x Tax Rate)												
<b>Add the 1.5% KY surcharge to the Subtotal. Please refer to chart below:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Subtotal</th> <th>1.5%</th> <th>Subtotal</th> <th>1.5%</th> <th>Subtotal</th> <th>1.5%</th> </tr> </thead> <tbody> <tr> <td align="center">\$31.25</td> <td align="center">\$0.47</td> <td align="center">\$50.00</td> <td align="center">\$0.75</td> <td align="center">\$60.00</td> <td align="center">\$0.90</td> </tr> </tbody> </table>	Subtotal	1.5%	Subtotal	1.5%	Subtotal	1.5%	\$31.25	\$0.47	\$50.00	\$0.75	\$60.00	\$0.90	<b>KY Surcharge</b>	\$ _____ (See chart for correct tax amount)
Subtotal	1.5%	Subtotal	1.5%	Subtotal	1.5%									
\$31.25	\$0.47	\$50.00	\$0.75	\$60.00	\$0.90									
<b>Add subtotal + Municipal Tax + KY Surcharge</b>  Coverage cannot start without receiving correct payment for liability coverage	<b>TOTAL</b>	\$ _____												

**Please see reverse side of enrollment form for certification of Firm coverage to other mandated states and contact information**

**Certification of Coverage to Other States Where Proof of Firm Coverage is Required**

If you need certification of coverage for your firm, you will need to purchase coverage on the Firm before we can certify the firm's coverage to another state. Please indicate below which states you need certification and your firm's license number for those states. In states where we are allowed to certify coverage directly, we will send the necessary forms to that state's real estate commission; otherwise, we will forward the forms to the fax number or email address you have provided.

**CO ID IA LA**

ST\_\_\_\_ Lic # \_\_\_\_\_ ST\_\_\_\_ Lic # \_\_\_\_\_ ST\_\_\_\_ Lic # \_\_\_\_\_

**NO CHARGE APPLIES FOR CERTIFICATION OF COVERAGE**

**Please contact us if you have any questions. Our web site contains a sample policy and other valuable information.**

**Williams Underwriting Group  
A Division of Maverick Insurance, LLC**

**Toll Free: 800-222-4035  
Louisville Area: 812-941-4137  
Fax: 812-944-0811**

**Mailing Address: PO Box 1086, New Albany, IN 47151-1086**

**Street/Overnight Address: 826 W Main Street, New Albany, IN 47150**

**Email: [wug@maverick-insurance.com](mailto:wug@maverick-insurance.com)  
Web Site: [www.wugioe.com](http://www.wugioe.com)**