

**WILLIAMS UNDERWRITING GROUP ([WUG](#))**  
**A DIVISION OF MAVERICK INSURANCE, LLC**  
**2011 KENTUCKY INDEPENDENT INDIVIDUAL OPTIONAL COVERAGE FORM**  
 PRINCIPAL BROKERS: PLEASE MAKE COPIES AS NEEDED  
 AND INFORM YOUR AGENTS OF THE APPROPRIATE MUNICIPAL TAX  
 October-December 2011

Name: \_\_\_\_\_ License # \_\_\_\_\_

Firm: \_\_\_\_\_ Email: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone # (H) \_\_\_\_\_

County of Firm \_\_\_\_\_ Fax # \_\_\_\_\_

Optional Coverage's In order to purchase coverage for the higher limits or endorsements listed below you must also purchase the state required minimum limit of \$100,000 from us.	Premium	Premium Due																														
<b>Higher Limit Options</b>																																
\$250,000 per claim / \$1,000,000 aggregate	\$37.50																															
or																																
\$500,000 per claim / \$1,000,000 aggregate	\$60.00																															
<b>Personal Identity Theft Endorsement - \$25,000 aggregate</b>	\$15.00																															
<b>Appraisal Endorsement: Appraisers must purchase this endorsement to have coverage for appraisal activity. You must also hold and maintain an <u>active</u> real estate license for the appraisal endorsement to be effective</b>	\$200.00																															
<b>Amount due for all above choices</b>	<b>SUBTOTAL</b>	\$ _____																														
<b>Add (Municipal tax rate x Subtotal) for tax due</b> Please see your principal broker for the correct municipal tax rate, or please contact us at 800-222-4035.	<b>Tax Rate:</b> _____ %	\$ _____ (Above Subtotal x Tax Rate)																														
<b>KY Tax Collection Fee (Applied against Municipal Tax Only)</b>	15%	\$ _____ (Muni Tax x Collection Fee)																														
<b>Add the 1.8% 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>1.8%</th> <th>Subtotal</th> <th>1.8%</th> <th>Subtotal</th> <th>1.8%</th> </tr> </thead> <tbody> <tr> <td>\$15.00</td> <td>\$.27</td> <td>\$75.00</td> <td>\$1.35</td> <td>\$252.50</td> <td>\$4.55</td> </tr> <tr> <td>\$37.50</td> <td>\$.68</td> <td>\$200.00</td> <td>\$3.60</td> <td>\$260.00</td> <td>\$4.68</td> </tr> <tr> <td>\$52.50</td> <td>\$.95</td> <td>\$215.00</td> <td>\$3.87</td> <td>\$275.00</td> <td>\$4.95</td> </tr> <tr> <td>\$60.00</td> <td>\$1.08</td> <td>\$237.50</td> <td>\$4.28</td> <td></td> <td></td> </tr> </tbody> </table>	Subtotal	1.8%	Subtotal	1.8%	Subtotal	1.8%	\$15.00	\$.27	\$75.00	\$1.35	\$252.50	\$4.55	\$37.50	\$.68	\$200.00	\$3.60	\$260.00	\$4.68	\$52.50	\$.95	\$215.00	\$3.87	\$275.00	\$4.95	\$60.00	\$1.08	\$237.50	\$4.28			<b>KY Surcharge</b>	\$ _____ (See chart for correct tax amount)
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<b>Add Subtotal + Municipal Tax + KY Collection Fee + KY Surcharge</b>	<b>TOTAL</b>	\$ _____																														
<b>Policies cannot be issued unless correct premiums and taxes have been paid.</b>																																

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

**Certification of Coverage to Other States Where Proof of Individual Coverage is Required\*\***

If you need certification of coverage, please indicate below which states you need certification and your license number for the 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. \*\*We cannot certify coverage to TN due to their certification requirements. If you need coverage for TN, please contact us about obtaining coverage for your TN license.

**CO ID IA LA MS ND NE NM RI SD WY**

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: 812-944-8010**

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

**Street/Overnight Address: 2325 Green Valley Rd, Ste 205, New Albany, IN 47150**

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

**The Private Carrier Certificate of Coverage will be provided  
to include with your licensing paperwork**