

ENDORSEMENT

Date Prepared:

Name of Fund:

Name of Member:

Address:

FEIN:

Policy Number:

Effective Date:

Agent:

**KESA, THE KENTUCKY WORKERS' COMPENSATION FUND
KENTUCKY EMPLOYERS SAFETY ASSOCIATION, INC**

Acknowledgement and Signature by Employer/Member

The undersigned employer hereby acknowledges receipt and review of the "Information for New and Renewing Members" pertaining to KESA, The Kentucky Workers' Compensation Fund ("KESA") and its affiliate, Kentucky Employers' Safety Association, Inc. (the "Association"), including its Exhibits, the KESA Operating Agreement and Bylaws, the KESA Indemnity Agreement, and the Association's Articles of Incorporation and Bylaws. Having reviewed all of those documents, the undersigned employer hereby agrees to be bound by their terms as a member of KESA and as a member of the Association.

Pursuant to KRS 304.50-130, please be advised of the following:

This coverage has been placed with a workers' compensation self-insured group which is regulated by the Kentucky Office of Insurance and has received a Certificate of Filing from the Commonwealth of Kentucky. Claims against group members are covered by the Self-Insured Group Insurance Guaranty Association, but are not covered by the Kentucky Insurance Guaranty Association. Group members shall be assessed in the event of insolvency of the workers' compensation self-insured group.

Printed Name of Individual Signatory

Title

Signature of Individual Named Above Signing on Behalf of Employer/Member Named Above

Date of Signature

**Please sign and return this form to: KESA
200 Executive Park
Louisville, KY 40207-4202**