

## **KEMI** Direct Business Questionnaire

1.	Name of Entity:
2.	Contact Name:
3.	Contact Phone Number:
4.	Contact Email Address:
5.	Entity Type:
6.	Company Website:
7.	In what state is your entity registered:
8.	Do you have an insurance agent? Yes No
9.	Is your agent licensed in Kentucky? Yes No
10.	. Have you had coverage in Kentucky or any other state? Yes No
	I. State of coverage:
	II. Name of carrier:
	III. Dates of coverage:
11.	. Detailed description of overall operations of your business:
12.	. Detailed description of work being performed in Kentucky:
13.	List of job locations in Kentucky:

14.	Number of employees working in Kentucky:		
15.	Estimated timeframe for completion of work in Kentucky:		
16.	Who is requesting proof of insurance:		
17.	Do you intend on hiring subcontract labor? Yes No		
18.	Please explain any safety measures currently in place, providing copies of documentation:	of any available v	vritter
20.	Do you provide temporary labor services to other employers? Yes  Do you use any temporary labor services? Yes No  ditional comments:	No	

Return this form to KEMI's Policy Services team at KEMIdirect@kemi.com.