

## SUBMITTING A KENTUCKY FAIR PLAN CLAIM

- Select “Claims” on your Producer landing page and select the “Submit a Loss” button.

Quick Quote ▾  
New Application ▾  
Policy ▾  
**Claims ▾**  
Profile ▾  
Contact Us

**Policy and Quote Search**

Quote Number  Insured Name    
Policy Number  Insured Name

**Billing**

Policy Number

**Claim**

Claim Number:  Date Of Loss:    
Name (All loss contacts):

Quick Quote ▾  
New Application ▾  
Policy ▾  
**Claims ▾**  
**Submit a Loss**  
Profile ▾  
Contact Us

**Policy and Quote Search**

Quote Number  Insured Name    
Policy Number  Insured Name

**Billing**

Policy Number

**Claim**

Claim Number:  Date Of Loss:    
Name (All loss contacts):

**OR**

- Enter the Policy Number or Insured Name on your Producer landing page and select the “Search” button.

Quick Quote ▾  
New Application ▾  
Policy ▾  
Claims ▾  
Profile ▾  
Set Runtime Date  
Contact Us

**Policy and Quote Search**

Quote Number  Insured Name    
**Policy Number**  **Insured Name**

**Billing**

Policy Number

- Select the “Submit a Loss” button.

Policy Summary   Claims Summary   Billing Summary   Document Summary

Policy Number

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Request Amendment

Request Cancellation

Submit a Loss

Payments Received

1

in the last 30 days

Last Payment

\$1,052.61

Paid on May 15, 2017

- If you are submitting documentation with the FNOL, utilize the “Attachments” upload button to attach documents prior to submitting.
- Complete the FNOL (First Notice of Loss) and select “Submit” button.

**First Notice Of Loss**

**Policy**

Policy Number

Policy Type

Producer Name

Producer Phone #

**Named Insured**

Prefix

First Name

Middle Name

Last Name

Suffix

Corporate Name

**Additional Information**

Home Phone

Cell Phone

**Contact**

Name

Primary Phone #

Secondary Phone #

Email

**Attachments**

**Loss**

Date of Loss

Time of Loss

Reported By

Claim Type

**Mailing Address**

Address One

Address Two

City

State

Zip Code

**Loss Location**

Same as Mailing Address

Address One

Address Two

City

State

Zip Code

**Loss Description**

Description	Type
No items to display	

DISCLAIMER: This submission does not commit the **Kentucky FAIR Plan** to coverage for this loss. Information submitted regarding the loss is subject to our review and verification. We reserve the right to request additional information prior to reaching a decision on the claim. All policy provisions contained in the policy remain in effect. If you have any questions concerning the coverage afforded by the policy, please contact the agent or the **Kentucky FAIR Plan**.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.