

Status Form

Kentucky Assigned Claims
10605 Shelbyville Road, Suite 100
Louisville, Kentucky 40223
(502) 327-7105

Stephen M. Hillis, Manager
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www.kvinsplans.org

Date: _____ Claimant Name: _____
Adjuster Name: _____ Assignment Control #: _____
Company Name: _____ Claim #: _____

The Plan of Operation requires servicing insurers to promptly report the disposition of claims assigned to it for handling and to make such other reports, records and information available upon request.

Please provide the following information as it pertains to the above noted claim:

1- Status of Claim

Comments:

2- Status of Subrogation

If open, please check all of the following that apply:

- | | |
|--|---|
| <input type="checkbox"/> Pursuing Claimant Insurer | <input type="checkbox"/> Judgment Obtained: |
| <input type="checkbox"/> Pursuing Uninsured Owner | Date of Judgment: |
| <input type="checkbox"/> Subro Attorney Involved | Judgment Amount: |
| <input type="checkbox"/> Suit Filed to Protect Subrogation | Gross Amount Collected: |

Comments:

3- Has final billing been sent to Kentucky Assigned Claims Plan?

4- Has final subrogation recovery been sent to Kentucky Assigned Claims Plan?

Name of person completing this form:

Date: