

Kentucky Assigned Claims Plan

Kentucky Assigned Claims Plan
PO Box 436509, Louisville, KY 40243
502-327-7105

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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: