



9. In consideration of the approval of this application the applicant hereby expressly agrees as follows:
- a. That this privilege may be revoked at any time in the discretion of The Department of Workers' Claims.
  - b. That the applicant will fully discharge by cash payment all installments of compensation for partial disability, promptly, when due, and liability for physician fees, hospital service, hospital supplies within 30 days after such liability shall be determined either by an agreement or an award.
  - c. If The Department of Workers' Claims so requires, the applicant, within thirty days after his-its continuing liability to pay compensation to an injured employee for a definite period for a permanent injury or to the dependents of a deceased employee, for his death, has been determined either by an agreement or an award, will make a special deposit, with some bank or trust company within the Commonwealth of Kentucky to be approved by the Department of Workers' Claims of the full amount of such terms that it can be withdrawn only on the checks of the applicant, payable to the person or persons entitled thereto, and having attached thereto a voucher for the amount thereof, executed by the person or persons to whom such check is payable.
  - d. The applicant agrees to file with the Department of Workers' Claims for its approval before the granting of this application, an acceptable security, indemnity of bond, to secure to such an extent as the Department of Workers' Claims may direct the payment of compensation liabilities as they are incurred.

10. Requested effective date to become self-insured: \_\_\_\_\_

\_\_\_\_\_  
 If Corporation  
 By \_\_\_\_\_  
 President and Managing Officer

COMMONWEALTH OF KENTUCKY  
 COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, upon oath, says that the facts set forth in the foregoing application are true.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.