

**Commonwealth of Kentucky
Department of Workers' Claims
657 Chamberlin Ave
Frankfort, KY 40601
Phone: 502-564-5550
Fax: 502-564-0916**

**A prepaid charge of \$5.00 per certification is required
(Payable by Check or Money Order to Kentucky State Treasurer).**

Certification of Coverage Request

Date: _____

Requestor's Name: _____

Company Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

Email Address: _____

Please send my request to the information above via:

Fax

Email

USPS Mail

Employer Name: _____

Employer FEIN: _____

Employer Location: _____

Alleged Injury Date: _____

Comments: _____

Signature: _____

Please note all records requests require pre-payment. Records will be mailed once payment is received. Certifications can be faxed or electronically transferred once payment is made.

Mail request to:

Department of Workers' Claims
Attention: Compliance Branch
657 Chamberlin Ave.
Frankfort, KY 40601

Please note effective October 11, 2010 there will be a \$35.00 fee on all returned checks.