



14. Number of employees working in Kentucky: \_\_\_\_\_

15. Estimated timeframe for completion of work in Kentucky: \_\_\_\_\_

16. Who is requesting proof of insurance: \_\_\_\_\_

17. Do you intend on hiring subcontract labor?    Yes        No

18. Please explain any safety measures currently in place, providing copies of any available written documentation:

19. Do you provide temporary labor services to other employers?    Yes        No

20. Do you use any temporary labor services?    Yes        No

Additional comments:

Return this form to KEMI's Policy Services team at [KEMIdirect@kemi.com](mailto:KEMIdirect@kemi.com).