

**PROCEDURES FOR WRAP-UP (SPECIAL) PROJECTS AND
SPLIT COVERAGE
FORM 375 & FORM 375 WRAP-UP**

The entity applying for the approval of split coverage shall supply the following information:

- 1. A cover letter indicating why split coverage is necessary. A contact name with phone number, fax number, and e-mail address must be included.**
- 2. A list, if for wrap-up (special) project, of the sub-contractors that will be on the work site.**
- 3. A completed application for split coverage by the requesting entity.**

After approval of the split coverage by the Department of Workers' Claims, the carrier for the requesting entity must file the following:

- 1. Proof of coverage through the Electronic Data Interchange for the requesting entity.**
- 2. Proof of coverage for sub-contractors listed for the wrap-up (special) project.**
 - a. Will only be accepted if coverage is on file for the requesting entity.**

**APPLICATION FOR APPROVAL
OF SPLIT COVERAGE
WRAP UP**

Pursuant to KRS 342.375, _____
employer

_____, _____
address FEIN

does hereby request authorization from the Commissioner of the Department of Workers' Claims to secure the employer's liability under KRS Chapter 342 through separate insurance policies for specific plants or work locations. The applicant proposes that the principal work force of the employer, which is engaged in _____ at other than _____

type of business wrap up policy location

shall be covered by _____ issued by _____
wc policy number Insurance

_____. A separate work force engaged in _____
Carrier type of

_____ located at _____
business location of wrap up project

shall be covered by _____ issued by _____
Policy number

_____. Employees in the separate work forces have
Insurance Carrier

distinct duties and are not commingled.

This the _____ day of _____, 20____.

Representative Of Employer

Subscribed and sworn to before me, this the _____ day of _____, 20 ____.

Notary Public

My Commission expires _____; County _____