Kentucky Office of Health Data and Analytics

GUARANTEED ACCEPTANCE PROGRAM (GAP) AND KENTUCKY ACCESS DATA CERTIFICATION FORM

I,_____, certify that the information contained in this report for

_____, _____ is valid and accurate.
(Company Name) ***(NAIC#)***

Reporting Period: ***(Check one)*** **Monthly: _____** **Annual: _____**

***For Monthly GAP reports, state the*:** **_____** **_____**
(Month) **(Year)**

***For Annual GAP reports, state the*:** **_____**
(Calendar Year)

_____ **_____**
(Signature) **(Date)**