

INSURANCE DEPARTMENT
STATE OF KANSAS

AUTHORIZATION FOR CASUALTY INSURANCE FILINGS BY RATING ORGANIZATIONS

In accordance with the requirements of K.S.A. 40-955(a), the

_____ Company

of _____ hereby authorizes

the Commissioner of Insurance of the State of Kansas to accept filings of manuals of classification, rules and rates, every rating plan and every modification of any of the foregoing as made by rating organizations noted below:

If filings are made independently, specify by entering "Direct Filer".

CLASS	RATING ORGANIZATION	MEMBER OR SUBSCRIBER
Auto Liability	_____	_____
Liability Other Than Auto	_____	_____
Workmen's Compensation	_____	_____
Fidelity and Surety	_____	_____
Glass	_____	_____
Burglary, Theft & Robbery	_____	_____
Boiler & Machinery	_____	_____
Auto Physical Damage	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Company is a member or subscriber in good standing in each rating organization noted above.

The above authorizations supersede any previous authorization relating to casualty filings and are to be effective until changed, or until terminated by a supplementary report by this Company to the Commissioner of Insurance of the state of Kansas.

Date _____ 19 _____ Company
(Seal)

By _____

(Title of officer signing)

Subscribed and sworn to before, this _____ day of _____

(Seal)

Notary Public

My Commission Expires _____