

STATE OF KANSAS
INSURANCE DEPARTMENT
NON-ADMITTED CARRIER

DECLARATION OF COMPLIANCE WITH THE
KANSAS HEALTH CARE PROVIDER INSURANCE AVAILABILITY ACT

Pursuant to the provisions of K.S.A. 40-3402 (b) (1), the

(Name of Company)

(Street) (Phone No.)

(City) (State) (Zip) (Toll Free No.)

hereby declares that its Professional Liability Insurance policies, wherever issued, shall be deemed to provide the Insurance required by K.S.A. 40-3402 (a), when such non-resident health care provider renders professional service as a health care provider in the state of Kansas.

The company understands that this declaration is filed voluntarily to provide its policyholders rendering health care services within the state of Kansas with coverage required by Kansas law.

(Name) (Title of Authorized Officer)

(Date) (Signature)

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

(Notary Public)

My Commission expires _____ day of _____, 20____