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**KANSAS ALTERNATIVE MEDIATION PROGRAM  
INSURANCE COMPANY MEDIATION AGREEMENT**

Insurance Company Name

NAIC #

The above named insurance company agrees to enter into the Kansas Alternative Mediation Program (K.A.M.P.) in a good faith effort to resolve any dispute with a person(s) involving an insurance dispute. The insurance company agrees to keep statements and information disclosed during any mediation process confidential to the extent allowed by law. The insurance company agrees to send a representative from the insurance company who is authorized to settle the insurance dispute. The insurance company agrees to pay any cost of the mediation process as billed by the Kansas Insurance Department.

Insurance Company Contact Person

Insurance Company Contact Persons Direct E-Mail

Insurance Company Contact Persons Direct Phone No.

Insurance Company Contact Persons Fax No.

Authorized Signer for the Insurance Company \_\_\_\_\_