## STATEMENT OF INSURED

THIS FORM MUST BE COMPLETED IN DETAIL FOR EACH NEW RISK PLACED AND FOR RENEWAL OF PREVIOUSLY PLACED RISKS. A COPY OF THIS STATEMENT MUST BE PROVIDED TO THE INSURED AND MAINTAINED IN AGENT'S FILES.

	INSURED:	COVERAGE TYPE:
POLICY PERIOD: _// TO _//		
Check one of the options below:		
EXEMPT COMMERCIAL PURCHASER (defined in K.S.A. 40-246i) As required by K.S.A. 40-246b, this will certify that I, the undersigned, have requested insurance coverage to be placed on my behalf with a company that is non-admitted or licensed to transact business in the State of Kansas. I understand, that as an exempt commercial purchaser, contrary to K.S.A. 40-246b, a diligent search of the admitted market is not required to place this coverage with a company that is non-admitted or licensed to transact business in this state. I further understand that such insurance may or may not be available from the admitted market that may provide greater protection with more regulatory oversight.		
ALL OTHER INSUREDS (Other than exempt commercial purchasers) As required by K.S.A. 40-246b, this will certify that I, the undersigned, have requested insurance coverage to be placed on my behalf with a company that is non-admitted or licensed to transact business in the State of Kansas. I understand that in accordance with K.S.A. 40-246b, that mere rate differential shall not be grounds for placing a particular risk with a non-admitted company when an admitted company would accept such risk at a different rate.		
It is further acknowledged that the following information regarding placement of insurance with a non-admitted company, has been provided by the licensed excess lines agent:		
1.	The insurance coverage requested will be provided by a transact business in the State of Kansas, and whose nam maintained by the Commissioner of Insurance. The non rates and trade practices are not subject to review or the	e appears on the list of non-admitted companies admitted insurers' financial condition, policy forms,
2.	There shall be no liability on the part of, and no cause of Commissioner of Insurance, employees thereof, or the Scompany appears or does not appear on the list of non-all Insurance.	tate of Kansas because the name of an insurance
3.	The policies or contracts of insurance issued by a non-a protection afforded by the Kansas Insurance Guaranty A	
4.	If the insurance company affording coverage is subsequence lines agent placing such business with a company nonact the information contained herein, relieved of any response.	mitted to transact business in Kansas is, by giving you
5.	Each licensed agent shall collect and pay to the commis return premiums, for surplus lines insurance transacted home state is this state. (K.S.A. 40-246c)	sioner a tax on the total gross premiums charged, less any by the licensee pursuant to the license for insureds whose
	Insured	Agent Date
I was unavailable or otherwise unable to sign this statement prior to the effective date of coverage		

SOI (10/24)