

INSURANCE DEPARTMENT  
STATE OF KANSAS

**AUTHORIZATION FOR FILINGS BY RATING ORGANIZATIONS OF FIRE,  
INLAND MARINE AND ALLIED LINES OR INSURANCE**

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, minimums,  
class rates, rating schedules or rating plans, and every other rating rule and every modification of the  
foregoing as made by the rating organizations noted below.

CLASS	RATING ORGANIZATION	MEMBER OF SUBSCRIBER
Fire & Allied Lines Exceptions:		
_____	_____	_____
Crop Hail	_____	_____
Operating Properties of Railroads	_____	_____
Homeowners Policies	_____	_____
Inland Marine	_____	_____
Nuclear Physical Damage	_____	_____
Add'l Perils on Growing Crops	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This company is a member or subscriber in good standing in each of the Rating Organizations noted above.

The above authorizations are to be effective on and after this date, and will remain in effect until terminated by notice in writing from this company to the Commissioner of Insurance of the State of Kansas.

Date \_\_\_\_\_, 19 \_\_\_\_\_. \_\_\_\_\_ Insurance Company

By \_\_\_\_\_

\_\_\_\_\_  
*(Title of Officer Signing)*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 19 \_\_\_\_\_