

**KANSAS AUTOMOBILE INSURANCE PLAN
VOLUNTARY PLAN FOR GRANTING AUTOMOBILE LIABILITY INSURANCE*
AND/OR AUTOMOBILE PHYSICAL DAMAGE INSURANCE** TO SPECIFIED RISKS
UNABLE TO SECURE IT FOR THEMSELVES**

This letter will serve as this company's subscription to the Kansas Automobile Insurance Plan.

In subscribing to the Plan it is understood and agreed:

- a) That the undersigned company hereby authorizes and empowers the manager of the Kansas Automobile Insurance Plan to act as our filing agent with respect to rates, rules and forms for risks to be insured under the uniform rates, rules and forms provisions of the Kansas Automobile Insurance Plan;
- b) That this subscription shall automatically terminate if at any time any carrier (excluding reinsurance carriers which are not authorized to write direct business) is permitted to transact automobile insurance in the state of Kansas without becoming a subscriber to this Plan;
- c) That this subscription shall automatically terminate if at any time any carrier (excluding reinsurance carriers which are not authorized to write direct business) authorized to transact automobile insurance in the state of Kansas resigns as a subscriber to this Plan.

* Automobile Liability Insurance includes Bodily Injury, Property Damage, Medical Payments and Uninsured Motorists.

** Automobile Physical Damage includes Combined Additional Coverage, Comprehensive and Collision.

_____ of _____
(Name of Company) (Home Office)

By _____
(Signature for Company) (Authorized Officer)

Dated _____

ACCEPTED

Kansas Automobile Insurance Plan

Manager