

**STATE OF KANSAS**  
**INSURANCE DEPARTMENT**  
**ADMITTED CARRIER**  
**DECLARATION OF COMPLIANCE WITH THE**  
**KANSAS HEALTH CARE PROVIDER INSURANCE AVAILABILITY ACT**

Pursuant to the provisions of K.S.A. 1976 Supp. 40-3402(b)(1),

the \_\_\_\_\_  
(Name of Company)

of \_\_\_\_\_  
(Address of Home Office)

hereby declares that its Professional Liability Insurance policies, wherever issues, shall be deemed to provide the Insurance required by K.S.A. 1976 Supp. 40-3401 et seq. when the health care provider covered by such policy is rendering professional services in the State of Kansas.

\_\_\_\_\_  
(Name) (Title of Authorized Officer)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_