

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. 40-3402 (b) (1),

the _____
(Name of Company)

of _____
(Address of Home Office)

Hereby declares that its Professional Liability Insurance policies, wherever issued, shall be deemed to provide the Insurance required by K.S.A. 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 _____, 20____.

(Notary Public)

My Commission expires _____ day of _____, 20____.