

MEMBERSHIP AGREEMENT

FOR

KANSAS HEALTH CARE PROVIDER INSURANCE AVAILABILITY PLAN

The undersigned Insurer hereby acknowledges its membership in the Kansas Health Care Provider Insurance Availability Plan and pledges its full participation and cooperation in carrying out the Kansas Health Care Provider Insurance Availability Plan pursuant to K.S.A. 40-3413.

Each member Insurer hereby authorizes the Plan to reinsure one hundred percent (100%) of the business written on behalf of the Plan by the servicing carrier, to levy such assessments as authorized, and to take such other actions as are deemed by it to be appropriate to assure the operation of the Plan in a fair and equitable manner consistent with K.S.A. 40-3413.

Date Signed

Name of Insurer

Address

BY _____
Chief Executive Officer

Subscribed and sworn to before me, this _____ day of _____ A.D.
20 ____.

Notary Public Signature

(Seal)

My commission expires _____ day of _____, 20____.