Kansas Insurance Department

Policy and Procedure for
Obtaining Copies of or Access to Public Records
Pursuant to the Kansas Open Records Act (KORA)
K.S.A. 45-215 ET SEQ.

OFFICE HOURS: 8 A.M. TO 5 P.M., Monday - Friday, except official state holidays. Requests received after 5:00 p.m. may not be logged in and processed until the next business day.

DESIGNATED CUSTODIAN OF RECORDS: Justin McFarland, General Counsel

GENERAL INFORMATION:
The Kansas Open Records Act ("KORA") grants you the right to inspect and obtain copies of public records created or maintained by public agencies in Kansas and that are not exempt from disclosure. K.S.A. 45-215 et seq.

WRITTEN REQUEST:
Requests are required to be in writing. The Department prefers requestors use the form available on the Kansas Insurance Department website:
https://insurance.ks.gov/department/recordRequest/open-rec/recordRequest.php

All other written requests for records should be directed to the designated custodian of records and include the following information:

• The requestor's name,
• Mailing address,
• Detailed information about the records being requested,
• A phone number or email address where the requestor can be contacted (optional, but aids in fast, accurate identification of records requested and acted upon).

Requests for records not yet in existence or documents to be created prospectively cannot be honored. Each written request should also include a signed declaration as outlined below. If this declaration is not included, it could cause a delay in fulfilling your request.

The requestor should declare that (1) you do not intend to and will not use the information we provide for the purpose of selling or offering for sale any property or service to any person identified in the information we disclose, and (2) you do not intend to and will not sell, give, or otherwise make such information available to any other person for the purpose of allowing that person to do the same.

RESPONSE TIME:
The Department will act upon requests as soon as possible, with some type of response being made no later than the third business day following the receipt of the request. Receipt of the request cannot be assured in a timely manner if methods other than those specified by this policy are used to submit a request. If it appears that additional time will be needed, if fees will be assessed, or if
some of the records may be closed by law, a written response will be provided as soon as the records have been located and reviewed.

**FEES:**
Requests that can be fulfilled with less than 15 minutes of staff time, and less than 15 pages delivered electronically, will be provided at no charge. For requests exceeding those limits, the following rates shall apply:

- **Copies** will be charged at 25¢ per page for paper copies, $0.125 per page for electronic copies;
- **Mailing** will be charged at 50¢ for ten pages or fewer, and $1, or actual cost, whichever is greater, for documents exceeding ten pages.
- **Faxes** will be sent at no charge to the requestor
- **Staff Time** will be charged for each person(s) whose time is used to assist and/or respond to a specific request. For most requests, time will be charged in quarter hour increments as follows:
  - Clerical time will be charged at $30 per hour
  - Administrator, Director, or Attorney time will be charged at $50 per hour

Additional fees, including any other costs incurred by the agency in connection with complying with a record request may be assessed to the requestor.

The Department will provide an estimate of the fees before gathering or processing the records. For estimates exceeding $100 dollars, half of the estimate must be paid before we begin processing the request. Payment of all fees in full is required before providing the records.

While we do our best to provide an accurate estimate of the fee, it is possible that the estimate will be too low or too high. In the case of an overpayment, any additional amounts will be refunded, and if we discover that the estimated fee is too low, we will promptly advise the requestor any correction to the fee.

Payment may be made by credit card by phone, check or money order payable to the Kansas Insurance Department. Returned checks will incur an additional fee of $30.00.

**DELAYED AND/OR DENIED REQUESTS:**
All efforts will be made to process your request for public records as soon as it is received; however, some requests may be delayed or denied if:

- More information is needed in order to retrieve the records;
- Legal issues must be addressed before the records are released;
- The requested records are archived or stored off site;
- The amount of information requested is large and will take time to duplicate.
- The information is exempt from disclosure. A detailed list of exemptions to the Kansas Open Records Act can be found in K.S.A. 45-221(a).

If your request for public records is delayed or denied, you will receive notification explaining the reasons for the delay or denial.
*While the online request form is preferable, this form is being provided to potential requestors as a helpful guide for composing an effective request for public information when provided in other formats. Requestors should not consider this form to be mandatory.*

Date

Records Custodian
Kansas Insurance Department
1300 SW Arrowhead Road
Topeka, KS 66604
KID.Commissioner@ks.gov

RE: Open Records Request
Dear Records Custodian:
Under the Kansas Open Records Act (KORA), K.S.A. 45-215 et seq., I request access to or copies of the following records (please be as specific as possible in describing the records you want and the time period your request covers; attach additional pages if necessary):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I request the information be provided in the following format if possible (please check one):

☐ Paper
☐ Electronic

In fulfilling my request, I authorize fees up to $_______

My contact information is:
Name: _____________________ Daytime Phone No.: ____________________
Address: ______________________________________________________________________

Email Address: _________________________________________________________________

I certify that I do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Sincerely,
(Name of Requestor)