



Kansas Department of Insurance

Commissioner Vicki Schmidt

ANNUAL FRA DECLARATION FORM

- New Firefighters Relief Association
- Existing Firefighters Relief Association

FRA Name: _____

I, _____, as Chief Executive Officer, or equivalent, of _____ (must be a city, township, county, or fire district), attest that the same has _____ (a public fire department or a private fire department) which qualifies for participation in the Firefighters Relief Act Program and that:

1. The above-named fire department is either: (1) a public fire department under the control of the governing body of an incorporated city, township, county or fire district or (2) a private fire department operated by a not-for-profit corporation which provides all of the fire protection services for an incorporated city, township, county or fire district pursuant to a contract with the governing body thereof.
2. The above-named fire department has fire apparatus and necessary equipment therefor that is in serviceable condition for fire duty and has a value of \$5,000 or more.

CONTACT INFORMATION:

Chief Executive Officer Name: _____ Treasurer Name: _____

Chief Executive Officer Phone Number: _____ Treasurer Phone Number: _____

Chief Executive Officer Email: _____ Treasurer Email: _____

_____ is the FRA treasurer for the current year. _____ has submitted
(Name of Treasurer) (Name of Treasurer)

a sufficient treasurer surety bond for the safekeeping of FRA funds. By execution of this document, I hereby notify the Kansas Commissioner of Insurance of our desire to participate in the Firefighters Relief Act Program and certify that all of the statements above are true and correct to the best of my knowledge after due diligence.

Print Name of Chief Executive Officer, or equivalent

Signature of Chief Executive Officer

Print Name of Chief Clerk, or equivalent

Signature of Chief Clerk