

**STATE OF KANSAS  
HEALTH CARE STABILIZATION FUND BOARD OF GOVERNORS  
NON-ADMITTED INSURER  
DECLARATION OF COMPLIANCE WITH THE  
KANSAS HEALTH CARE PROVIDER INSURANCE AVAILABILITY ACT**

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

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Toll Free Telephone Number: \_\_\_\_\_

hereby declares that it's Professional Liability policies wherever issued shall be deemed to provide the insurance required by K.S.A. 40-3402 (b)(1), when such non-resident health care provider renders professional service as a health care provider in the state of Kansas.

The company understands that this declaration is filed voluntarily to provide its policyholders rendering health care services within the state of Kansas with coverage required by Kansas law.

Name of authorized officer: \_\_\_\_\_

Title of authorized officer: \_\_\_\_\_

Signature of  
authorized officer: \_\_\_\_\_

Date signed: \_\_\_\_\_

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

My commission expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public