

# Kansas Health Care Stabilization Fund Notice of Basic Coverage Form

(for policy periods effective on and after Jan. 1, 2022)

Kansas law requires the insurance company to forward this completed form to the Kansas Health Care Stabilization Fund Board of Governors within thirty days of the effective date of the basic policy. A copy of this completed form must also be given to the health care provider.

FOR HCSF USE ONLY

## SECTION I – Health Care Provider Identification and Residency

Health Care Provider's Name:

Last name, first name, middle initial, and professional acronym, or full name of medical care facility or other type of health care provider

Health Care Provider's

Legal Kansas Residence:

Kansas

Street Address and City (For a hospital or other facility, or a business entity, this should be the legal location.) Zip Code

Daytime Phone

Number:

Health Care Provider's

Email Address:

Mailing Address:

(Optional, if not the same as legal residence)

Street Address or P.O. Box, City, State, Zip Code

## SECTION II - HCSF Coverage Limit

☐ \$500,000/\$1,500,000

Date Signed

Health Care Provider's Signature

**Notice to Health Care Provider:** *If you discontinue your professional liability insurance policy because you are no longer rendering professional services as a Kansas resident health care provider, you should immediately contact your licensing agency and request that your license be made inactive.*

## SECTION III - Health Care Stabilization Fund Surcharge and Insurance Policy Information

For Fund  
Classes 1 to 14

For Fund  
Classes 15 to 24

HCSF Rate Classification Number	Provider's License Number	Fund Compliance Year	Basic Coverage Premium Amount	HCSF Class Group Number	HCSF Surcharge Payment From Rate Tables	HCSF Surcharge Percent	HCSF % Based Surcharge Payment
			\$		\$	%	\$

The published HCSF surcharge for Fund classes 1 to 15 was modified for the following reason or reasons:

<input type="checkbox"/>	The policy is issued for only part of a year and the surcharge was prorated based on the number of days divided by 365. The proration (rounded to the nearest whole percent) was		%.
<input type="checkbox"/>	The policy is a unique part-time policy issued by the primary professional liability insurer (requires explanation below under "extraordinary circumstances"). The part-time factor used was		%.
<input type="checkbox"/>	This Kansas resident health care provider has an active Missouri license. The applicable Missouri modification factor was included in the surcharge calculation and the factor used was		%.

Type of Primary Coverage Professional Liability Insurance Policy:

Occurrence ☐

Claims Made ☐

Insurance

Company Name:

Name of Agent or Other  
Company Representative:

Policy Number:

Agent or Company Rep.  
Email Address:

Coverage Effective Date:

Agent or Company Rep.  
Phone Number:

Coverage Expiration Date:

For insurer explanation of extraordinary circumstances:

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