

**Health care providers who reside in states other than Kansas but are licensed to actively practice in Kansas may utilize a non-admitted insurance company to provide the required basic professional liability insurance coverage. The following information is being furnished to assist those non-admitted insurance companies. Please read carefully.**

**INSTRUCTIONS FOR COMPLETING  
THE NON-ADMITTED INSURER  
DECLARATION OF COMPLIANCE FORM**

K.S.A. 3402 (b)(1)\* provides a means for insurance companies which are not admitted to write business in Kansas to provide its non-Kansas policyholders who may be rendering health care services within the State of Kansas with coverage required by Kansas law. The law provides for the signing, by an authorized company officer, of the Declaration of Compliance Form which obligates the company to declare that its professional liability policies wherever issued shall be deemed to provide the insurance required by K.S.A.3402 (b)(1), when the insured non-resident health care provider renders professional services as a healthcare provider in the state of Kansas.

You should be aware of the following basic requirements. They are as follows:

1. The basic professional liability coverage level must be, at a minimum, \$500,000/\$1,500,000.
2. The policy shall provide, as a minimum, coverage for claims made during the term of the policy, which were incurred during the term of the policy, or during the prior term of a similar policy; that is, prior acts coverage for prior services rendered in Kansas must be provided.
3. Non-resident health care providers will be allowed to show your company as providing the required professional liability insurance coverage on our non-resident health care provider coverage documents.

The Form must be signed by an Authorized Officer of the company and the signature must be notarized by a Notary Public.

This declaration is filed by the company voluntarily to provide its non-Kansas policyholders rendering health care services within the state of Kansas with the coverage required by Kansas law.

See next page for the Non-admitted Carrier Declaration of Compliance with the Kansas Health Care Provider Insurance Availability Act Form.

\*K.S.A. 40-3402 (B)(1): Every insurance company authorized to transact business in this state, that is authorized to issue professional liability insurance in any jurisdiction, shall file with the commissioner, as a condition of its continued transaction of business within this state, a form prescribed by the commissioner declaring that its professional liability insurance policies, wherever issued, shall be deemed to provide at least the insurance required by this subsection when the insured is rendering professional services as a nonresident health care provider in this state. Any non-admitted insurer may file such a form.

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*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, the

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

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

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

Telephone Number: \_\_\_\_\_

Toll Free

Telephone Number:

\_\_\_\_\_

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hereby declares that its professional liability policies wherever issued shall be deemed to provide the insurance required by K.S.A. 40-3402 (b)(1), when an insured 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. \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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