STATEMENT OF INSURED

THIS FORM MUST BE COMPLETED IN DETAIL FOR EACH NEW RISK PLACED AND FOR RENEWAL OF PREVIOUSLY PLACED RISKS. A COPY OF THIS STATEMENT MUST BE PROVIDED TO THE INSURED AND MAINTAINED IN AGENT'S FILES.

Insured:	Coverage Type:	General Liability and Commercial Property
Policy Period:	То	
Check one of the options below:		
As required by K.S.A. 40-246b, this will certify that placed on my behalf with a company that is non-ad understand, that as an exempt commercial purchased market is not required to place this coverage with a this state. I further understand that such insurance is provide greater protection with more regulatory over	at I, the undersigned, lmitted or licensed to er, contrary to K.S.A company that is nor may or may not be a	have requested insurance coverage to be transact business in the State of Kansas. I . 40-246b, a diligent search of the admitted n-admitted or licensed to transact business in
ALL OTHER INSUREDS (Other than exempt of As required by K.S.A. 40-246b, this will certify that on my behalf with a company that is non-admitted of that in accordance with K.S.A. 40-246b, that mere particular risk with a non-admitted company when	I, the undersigned, he or licensed to transactivate differential shall	have requested insurance coverage to be placed et business in the State of Kansas. I understand I not be grounds for placing a

It is further acknowledged that the following information regarding placement of insurance with a non-admitted company, has been provided by the licensed excess lines agent:

- 1. The insurance coverage requested will be provided by an insurance company that is non-admitted or licensed to transact business in the State of Kansas, and whose name appears on the list of non-admitted companies maintained by the Commissioner of Insurance. The non-admitted insurers' financial condition, policy forms, rates and trade practices are not subject to review or the jurisdiction of the Commissioner of Insurance.
- 2. There shall be no liability on the part of, and no cause of action of any nature shall arise against the Commissioner of Insurance, employees thereof, or the State of Kansas because the name of an insurance company appears or does not appear on the list of non-admitted companies maintained by the Commissioner of Insurance.
- 3. The policies or contracts of insurance issued by a non-admitted insurance company do not come under the protection afforded by the Kansas Insurance Guaranty Association Act (K.S.A. 40-2901, et seq.).
- 4. If the insurance company affording coverage is subsequently determined to be insolvent, the licensed excess lines agent placing such business with a company nonadmitted to transact business in Kansas is, by giving you the information contained herein, relieved of any responsibility to the insured as it relates to such solvency.
- 5. Each licensed agent shall collect and pay to the commissioner a tax of 6% on the total gross premiums charged, less any return premiums, for surplus lines insurance transacted by the licensee pursuant to the license for insureds whose home state is this state. (K.S.A. 40-246c)

Insured	Agent	Date		
☐ I was unavailable or otherwise unable to sign this statement prior to the effective date of coverage.				
SOI (11/16)				

STATEMENT OF INSURED

THIS FORM MUST BE COMPLETED IN DETAIL FOR EACH NEW RISK PLACED AND FOR RENEWAL OF PREVIOUSLY PLACED RISKS. A COPY OF THIS STATEMENT MUST BE PROVIDED TO THE INSURED AND MAINTAINED IN AGENT'S FILES.

INSURED:	olicy Name	COVERAGE TYPE: Property, General Liability		
POLICY	Effective date of the policy PERIOD:/ TO/_	Commercial Package, etc		
Check one of the options below:				
EXEMPT COMMERCIAL PURCHA As required by K.S.A. 40-246b, this will placed on my behalf with a company that understand, that as an exempt commercia market is not required to place this covera this state. I further understand that such i provide greater protection with more regu	certify that I, the undersigned, have r t is non-admitted or licensed to transa Il purchaser, contrary to K.S.A. 40-24 age with a company that is non-admit insurance may or may not be available	act business in the State of Kansas. I leb, a diligent search of the admitted tted or licensed to transact business in		
XALL OTHER INSUREDS (Other than As required by K.S.A. 40-246b, this wiplaced on my behalf with a company the understand that in accordance with K.S particular risk with a non-admitted compared.)	Ill certify that I, the undersigned, hat is non-admitted or licensed to train. A. 40-246b, that mere rate different	nsact business in the State of Kansas. I atial shall not be grounds for placing a		
It is further acknowledged that the follocompany, has been provided by the licens		ent of insurance with a non-admitted		
1. The insurance coverage requested will be provided by an insurance company that is non-admitted or licensed to transact business in the State of Kansas, and whose name appears on the list of non-admitted companies maintained by the Commissioner of Insurance. The non-admitted insurers' financial condition, policy forms, rates and trade practices are not subject to review or the jurisdiction of the Commissioner of Insurance.				
2. There shall be no liability on the part Commissioner of Insurance, employe company appears or does not appear Insurance.	ees thereof, or the State of Kansas bed			
3. The policies or contracts of insurance issued by a non-admitted insurance company do not come under the protection afforded by the Kansas Insurance Guaranty Association Act (K.S.A. 40-2901, et seq.).				
4. If the insurance company affording clines agent placing such business wit the information contained herein, relationships to the information contained herein, relationships to the information contained herein.	h a company nonadmitted to transact	business in Kansas is, by giving you		
	s lines insurance transacted by the lic	% on the total gross premiums charged, censee pursuant to the license for insureds		
Insured's signature	Retail Agent's signature	Date signed		
Insured	Agent	Date		