EXCESS LINES STATEMENT OF INSURED

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

INSURED: ____________________ POLICY No.: ____________________

COVERAGE TYPE: ____________________

POLICY PERIOD: FROM ____________________ TO ____________________

Check one of the options below:

☐ EXEMPT COMMERCIAL PURCHASER per K.S.A. 40-246i
As required by K.S.A. 40-246b, this will certify that I, the undersigned to be insured, have requested insurance coverage to be placed on my behalf with a company that is non-admitted to transact business in the State of Kansas. I understand, that as an exempt commercial purchaser, contrary to K.S.A. 40-246b, a diligent search of the admitted market is not required to place this coverage with a company that is non-admitted to transact business in this state. I further understand that such insurance may or may not be available from the admitted market that may provide greater protection with more regulatory oversight.

☐ ALL OTHER INSUREDS
As required by K.S.A. 40-246b, this will certify that I, the undersigned to be insured, have requested insurance coverage to be placed on my behalf with a company that is non-admitted to transact business in the State of Kansas. I understand that in accordance with K.S.A. 40-246b, that mere rate differential shall not be grounds for placing a particular risk with a non-admitted company when an admitted company would accept such risk at a different rate.

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 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 or may be recognized by the Nonadmitted and Reinsurance Reform Act of 2010. The non-admitted insurers' financial condition, policy forms, rates, and trade practices are not subject to review by or under 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 non-admitted to transact business in Kansas is 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 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's Signature ____________________ Date ____________________

Agent's Signature ____________________ Date ____________________

This is the signature of the agent who placed the coverage with the non-admitted insurer per K.A.R. 40-8-8.