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STATEMENT OF INSURED

RE/Insured: _____

Policy No. _____

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.

COVERAGE TYPE: _____ POLICY PERIOD: _____ - _____

As required by K.S.A. 40-246b, this will certify that I, the undersigned, have requested insurance coverage to be placed on my behalf with a company that is non-admitted or licensed 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 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 non-admitted 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. Premium tax in the amount equal to 6% of the gross premiums shall be collected from insured and remitted to the Commissioner of Insurance by licensed agent.

_____ _____ _____
Insured Agent Date Signed

I was unavailable or otherwise unable to sign this statement prior to the effective date of coverage.

_____ _____ _____
Insured Agent Date Signed

Form ECA-D
REVISED 7.02