623 SW 10th Avenue
Topeka, KS 66612
800.232.2259
www.kammco.com

Physician Claims-Made Excess Insurance

Effective January 1, 2022

Application Instructions & Required Information

- Answer all questions completely and accurately.
- Complete this form electronically or print your responses legibly.
- If space is insufficient to answer any question fully, use the **Comments Section** at the end of this application or attach separate documentation.
- Sign and date the application where indicated.
- All forms and applications are available online under the Insurance tab of the KAMMCO website.
- To be eligible for excess coverage the Applicant must be insured with KAMMCO or be in the process of making application to KAMMCO for primary medical professional liability insurance coverage.
- This application is subject to review and acceptance by the company and does not bind coverage. Additional information may be requested.
- Incomplete submissions or lack of required information may delay the underwriting process.

Requested Effective Date (MM/DD/YYYY): _____

A. Applicant Information

Agency Name (if applicable):

Applicant's Name (First, Middle, Last):

Date of Birth (MM/DD/YYYY):	**Social Security Number:**
Designation: ☐ MD ☐ DO ☐ Other (specify below) Specify Other:	**Gender:** ☐ Male ☐ Female

Applicant's Business Address

Street:	City:	State:	Zip:
County:	Business Name:		
Phone:	Fax:	Email:	

Applicant's Home Information (P.O. Box not accepted)

Street:	City:	State:	Zip:
County:	Home Phone:	Mobile Phone:	

Applicant's Billing/Mailing Information

☐ Home ☐ Business ☐ Other (specify):

Street:	City:	State:	Zip:

Business Manager / Contact Person Information

Name:	Title:

Phone:	Fax:	Email:

B. License / Coverage Information

1. List each state where you are licensed to practice, your license number, and the percentage of your practice done in each state.

State	License Number	Percentage (%) of Practice

2. Excess limits requested:

- ☐ $1,000,000 xs $1,000,000
- ☐ $2,000,000 xs $1,000,000
- ☐ $3,000,000 xs $1,000,000
- ☐ $4,000,000 xs $1,000,000

Continue to the next page.

C. Comments

Section & Question Number	Explanation

Please attach additional pages, as needed.

Execution of this application by the applicant does not bind KAMMCO to issue an insurance policy, but this application shall be the basis of the contract should a policy be issued.

I understand membership in good standing in the Kansas Medical Society is required for coverage with KAMMCO.

If a policy is issued, the policy will be issued on a claims-made basis and will apply only to claims or suits first made against the Applicant during the policy period arising out of the performance of professional services occurring on or after the retroactive date shown on the policy.

The applicant represents the statements and answers made herein are true, and makes the same for the purpose of inducing KAMMCO to issue the policy for which application is hereby made. It is understood that this entire policy shall be void if, whether before or after a loss or claim, the applicant has intentionally concealed or misrepresented any material fact or circumstance concerning the insurance or subject thereof.

I authorize and consent to investigations of information bearing upon moral character, training, professional reputation, previous claims and suits, and fitness to engage in the activities authorized by my license to practice medicine, including authorization to every person or entity, public or private, to release to KAMMCO, any documents, records and other information bearing upon the foregoing. The undersigned further agrees that KAMMCO and all persons or organizations may rely upon a photocopy of this authorization, which shall be of equal validity with the original.

I authorize the Company to release a certificate of insurance to professional credentials verification services an/or health care facility medical or credentialing staff.

I understand and agree these investigations shall not be confined to information submitted in the application, but shall include any other sources of information deemed relevant by KAMMCO as may be authorized by law.

_____ _____

Signature of Applicant **Date**

Please return this application, along with any necessary attachments,
by email to underwriting@kammco.com or by fax to **785.232.4704**.

If you work with a KAMMCO agent, please submit this application directly to your agent.