



## KAMMCO

Kansas Medical Mutual Insurance Company  
KAMMCO Casualty Company Inc.

### Supplemental Application for License Defense Coverage Higher Limits

Name: \_\_\_\_\_ KAMMCO Policy Number (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Embedded License Defense Coverage

KAMMCO embeds license defense coverage with limits of \$2,500 for defense costs per licensure matter with an annual aggregate of \$5,000. This embedded coverage is a benefit that comes at no cost to you.

#### Higher Limits for License Defense Coverage

KAMMCO offers higher limits for license defense coverage with limits of \$25,000 for defense costs per licensure matter with an annual aggregate of \$25,000. This can be purchased at an annual rate of \$250 per provider per policy year. An Extended Reporting Endorsement is not offered for License Defense Coverage Higher Limits.

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|---|-----|----|
| 1. Do you wish to purchase License Defense Coverage Higher Limits?  | Yes | No |
| 2. Have you ever been – or are you currently aware of – any complaint, investigation, disciplinary proceeding, or reprimand by any administrative agency, licensing agency, medical society or professional organization, hospital, or other medical facility?<br>• If yes, please provide an explanation, and attach it to this application.                     | Yes | No |
| 3. Has any hospital, medical association, medical society or medical board, licensing authority, or peer review organization notified you of its intention to consider imposing upon you penalties or a change of status, privileges, participation, certification, or membership?<br>• If yes, please provide an explanation, and attach it to this application. | Yes | No |

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please return this application by email to [underwriting@kammco.com](mailto:underwriting@kammco.com) or by fax to 1.785.232.4704.  
If you work with a KAMMCO agent, please submit this application directly to your agent.