

Financed Premium Option

We are proud to announce CoreFirst Bank & Trust, Topeka, Kansas offers a premium finance plan for basic malpractice insurance purchased from KAMMCO.

This special plan provides for 100 percent financing of the malpractice insurance premium to be paid in nine monthly installment payments with the first payment due January 5, 2026. The interest rate for this program is fixed for 9-month term at the Wall Street Journal Prime Rate as November 1, each year or the date the finance premium acceptance form is received, whichever is later, plus 1 percent with a minimum interest rate of 5.25%. **To be eligible for this financing your annual premium must be in excess of \$5,000.00.**

If you wish to finance your premium, an Automatic payment from your bank account will begin on the fifth day of each month, beginning January 5, 2026.

If you wish to participate in the Premium Financing Option, CoreFirst Bank & Trust will forward Beneficial Ownership Certification, Promissory Note, Security Agreement, Assignment of Refundable Premium, Disbursement Authorization, ACH Authorization, Borrowing Resolution, and Guaranty to you for signature. All loans will be funded on December 3rd, each year of the date we receive the signed documents, whichever is later.

For your convenience, these forms will be provided via docu-sign. There has been some confusion in the past on what name should appear on the loan documents. **Please be clear in completing the attached form so the loan documents will be in the legal name of the Practice or Individual that you expect.** If the loan is in the name of a medical practice, we will require the Doctor to guaranty the loan.

By signing the attached acceptance form and providing the additional information requested, you authorize Kansas Medical Mutual Insurance Company to share information with CoreFirst Bank & Trust and you authorize CoreFirst Bank & Trust to share personal and private information with Kansas Medical Mutual Insurance Company to assist in arranging this financing.

If you have any questions, please feel free to contact me.

Sincerely,



Jeff Hiestand
Sr. Vice President
CoreFirst Bank & Trust
785.267.8580
jhiestand@corefirstbank.com

KAMMCO
KANSAS MEDICAL MUTUAL INSURANCE COMPANY
Topeka, Kansas

FINANCE PREMIUM ACCEPTANCE FORM

Yes, I want to participate in the Premium Financing Option through CoreFirst Bank & Trust, Topeka, Kansas.

I understand this is not the financing contract, but only a letter of intent to finance. I also understand the Promissory Note and other supporting documents will be forwarded to me and that financing is not in place until these documents are properly signed and received by CoreFirst Bank & Trust. **I also understand that if my annual premium is below \$5,000.00, I am not eligible for financing.**

By signing below, I authorize CoreFirst Bank & Trust to obtain, without advance notice, any information it deems necessary for approval, including requesting credit reports and responding to credit inquiries. I further specifically authorize KaMMCO, the Kansas Health Care Stabilization Fund and CoreFirst Bank & Trust to share and exchange personal and private information with each other as it relates to this premium financing.

The loan will be in the name of the entity/person shown below: (PLEASE TYPE OR PRINT LEGIBLY)

Name of Borrower: _____
(Name of practice or individual that loan interest is to be reported for tax purposes as this individual is obliged to make loan payments.)

Address of Borrower: _____

Phone #: _____ E-Mail address _____

IF BORROWER IS INDIVIDUAL:

Social Security #: _____ Date of Birth: _____

- Provide copy of valid Driver's license

IF BORROWER IS NON-INDIVIDUAL:

Type of Legal Entity: _____
(Corporation, Professional Association, other – please specify)

Tax ID Number: _____

Authorized Signer for Borrower: _____ Title: _____

Social Security Number of Authorized Signer: _____ Date of Birth: _____

Address of Authorized Signer: _____ City, State, ZIP _____

- Provide copy of valid Driver's license

Contact person for payments: _____ (if different than authorized signer)

Phone number: _____

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If Non-Individual must have guarantor (primary owner of practice)

- Provide copy of valid Driver's license

GUARANTOR #1 Name _____ Social Security Number _____

Address _____ City, State, ZIP _____ Date of Birth _____

GUARANTOR #2 Name _____ Social Security Number _____

Address _____ City, State, ZIP _____ Date of Birth _____

GUARANTOR #3 Name _____ Social Security Number _____

Address _____ City, State, ZIP _____ Date of Birth _____

Please provide the following below for automatic payment information and voided blank check

Your Bank Name: _____

Your Bank City and State: _____

Bank Routing Number: _____ Account Number: _____

Authorized Signature #1

Date

Please Print Name and Title of Authorized Signer

Authorized Signature #2

Date

Please Print Name and Title of Authorized Signer

Authorized Signature #3

Date

Please Print Name and Title of Authorized Signer

Please email the completed forms to <https://dropit.corefirstbank.com/dropit>

Click the "I'm not a robot" box. *(It will not allow you to attach files until you click this)*

FROM: Enter your email address.

TO: Choose my name from the drop down list. (Kristy W.)

SUBJECT: KAMMCO Premium Option

Click on Upload at top to add the files

Then click Drop Files Off.