

APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE (EASi) KANSAS AUTOMOBILE INSURANCE PLAN

PRINT IN INK OR TYPE APPLICATION

MAIL APPLICATION AND COPY OF LICENSE TO: <b style="text-align: center;">KANSAS AUTOMOBILE INSURANCE PLAN PO Box 6530 Providence, RI 02940-6530		FOR PLAN USE	
		RECEIVED	PROCESSED BY AND DATE
		REGISTRATION ID CODE	
FOR FASTER SERVICE, THIS FORM AND A COPY OF LICENSE MAY BE FAXED TO THE KANSAS PLAN AT (800) 827-6260 OR EMAILED TO ksaip@aipso.com			
P & C INSURANCE AGENT/BROKER LICENSE NUMBER (as issued by Kansas Department of Insurance)	EXPIRATION DATE	TAX ID # OR SOCIAL SECURITY #	
LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE)	FIRST NAME	MI	
DBA (AS IT APPEARS ON PRODUCER'S LICENSE)			
STREET ADDRESS (REQUIRED) (include St., Ave., Suite Number, etc.)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)	MOBILE PHONE (INCLUDING AREA CODE)	
IF AN INDIVIDUAL, NAME OF AGENCY/BROKERAGE ASSOCIATED WITH:*	AGENCY LICENSE NUMBER	AGENCY REGISTRATION ID CODE	
CONTACT NAME	EMAIL ADDRESS (where you want the Kansas Plan to correspond)		
*NOTE: IF AGENCY IS NOT REGISTERED, PLEASE COMPLETE AND ATTACH AN APPLICATION FOR AGENCY REGISTRATION.			
REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE SHALL NOT BE CONSTRUED AS CONSTITUTING THE PRODUCER NAMED ABOVE AS AN AGENT OF THE KANSAS AUTOMOBILE INSURANCE PLAN. IN ALL TRANSACTIONS BETWEEN THE PRODUCER AND THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN.			
IF YOU HAVE ANY QUESTIONS ON THE KANSAS AUTOMOBILE INSURANCE PLAN REGISTRATION PROGRAM OR THE PROPER COMPLETION OF THIS FORM, PLEASE CONTACT CUSTOMER SERVICE AT (888) 706-6100. FAILURE TO INCLUDE A LICENSE COPY WILL RESULT IN THE RETURN OF YOUR APPLICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.			
PRODUCER'S DECLARATION			
THE PRODUCER NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS EASi AND ELECTRONICALLY TRANSMIT KANSAS AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE PRODUCER WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE STATE DEPARTMENT OF INSURANCE. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THEIR REGISTRATION BEING DECLARED INVALID.			
SIGNATURE OF PRODUCER OR AUTHORIZED REPRESENTATIVE	PRINTED NAME	DATE	
PRODUCER REMARKS	PLAN REMARKS		