



### KAMMCO Policy Cancellation Request

**Insured Name** (First, MI, Last): \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Employer Name** (if applicable): \_\_\_\_\_

**1. Cancellation Request**

I, \_\_\_\_\_ (Name), am hereby voluntarily requesting cancellation of my KAMMCO Insurance policy number \_\_\_\_\_ (Policy Number), effective 12:01 a.m. on \_\_\_\_\_ (Date).

**2. Reason for Cancellation**

Please check all that apply.

**Switched to another insurance company.** Please indicate name: \_\_\_\_\_

**Competitive premium.** Please indicate new annual premium: \_\_\_\_\_

**New employer.** Please indicate new employer: \_\_\_\_\_

**Moving out of state.** Please list state: \_\_\_\_\_

**Practice acquired by hospital or other entity.** Please indicate name: \_\_\_\_\_

**Retirement.**

**Other Reason.** Please specify: \_\_\_\_\_

**3. Please Return Refund to:** (If you financed your policy, use your financial institution's to fill out the spaces below.)

\*\*Complete the **W-9 Form** on the next page for the person or entity you list below.

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State (XX): \_\_\_\_\_ Zip: \_\_\_\_\_

**4. Reporting Endorsement Options for Claims-Made Policy (Tail Coverage)** – *This question is only for Missouri Policyholders or Kansas Policyholders who do not participate in the Health Care Stabilization Fund.*

**Please Note:** For those who are eligible to purchase it, you have **30 days** from the date of cancellation to select and finalize purchase of an **Extended Reporting Endorsement** (tail coverage).

**Option 1 - Decline to Purchase an Extended Reporting Endorsement**

No, I do not wish to purchase an extended reporting endorsement (tail coverage). I understand my right to exercise the option to purchase it must be made within **30 days** from the date of cancellation, as stated above.

**Please indicate the reason for your decision:**

Obtained Prior Acts (nose coverage).

Obtained Occurrence Coverage.

Purchased free-standing tail coverage from another carrier.

Other: \_\_\_\_\_

**Option 2 - Purchase an Extended Reporting Endorsement**

Yes, I will purchase an extended reporting endorsement (tail coverage) with renewing policy limits to be issued on my behalf. I understand I will have **30 days** from the date of cancellation, as stated above, to finalize purchase of the extended reporting endorsement.

**5. Please direct all future correspondence to the following:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State (XX): \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form, by email to [underwriting@kammco.com](mailto:underwriting@kammco.com) or by fax to **785.232.4704**.  
If you work with a KAMMCO agent, please submit this form directly to your agent.

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

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

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they