



Financed Premium Option

We are proud to announce Fidelity State Bank and Trust Company, 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 February 1. The interest rate for this program is fixed for the 9-month term at the New York Prime Rate as of November 1, each year or the date the finance premium acceptance form is received by the bank, 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 \$4,500.00**

If you wish to finance your premium, the following options are available:

1. Automatic payment from your bank account on the first day of each month, beginning February 1.
2. Payment Coupon Book: A payment coupon book will be provided showing the payment **due on the first day of each month beginning February 1**. You will need to verify the final payment, because the final payment may be different from the other payments based on the date payments are received.

If you wish to participate in the Premium Financing Option, Fidelity State Bank and Trust Co. will forward a Promissory Note, Certification of Beneficial Ownership, Security Agreement, Assignment of Refundable Premium, Disbursement Authorization, Borrowing Resolution and Guaranty to you for your signature. All signed documents will be funded on December 20, each year, or the date we receive the signed documents whichever is later.

For your convenience, these forms can be provided by email, but original signatures must be provided to the bank. 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 small practice, we will require the Doctor to guaranty the loan.

By signing the attached acceptance form and providing the additional information requested, you authorize KAMMCO to share information with Fidelity State Bank and Trust Company, and you authorize Fidelity State Bank and Trust Company to share personal and private information with KAMMCO, to assist in arranging this financing.

Please fax to 785-233-7571 or email to sapodaca@fidelitytopeka.com and then mail the acceptance form directly to Fidelity State Bank and Trust Co., P.O. Box 1737, Topeka, KS 66601-1737.

If you have any questions, please call us at 785-295-2100 or email to sapodaca@fidelitytopeka.com

Sincerely,

Shelly Apodaca
Assistant Vice President

We do business Right here at home

KAMMCO

Topeka, Kansas

FINANCE PREMIUM ACCEPTANCE FORM

Yes, I want to participate in the Premium Financing Option through Fidelity State Bank and Trust Company, 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 Fidelity State Bank and Trust Company. ***I also understand that if my annual premium is below \$4,500, I am not eligible for financing.***

By signing below, I authorize Fidelity State Bank and Trust Company 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 Fidelity State Bank and Trust Company 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 obligated to make loan payments.)

Address of Borrower: _____

Phone: _____ Email address: _____

IF BORROWER IS INDIVIDUAL:

Social Security #: _____ Date of Birth: _____

IF BORROWER IS A NON-INDIVIDUAL:

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

Tax ID #: _____

Authorized Signer for Borrower: _____ Title: _____

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

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

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

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

GUARANTOR Name _____ Social Security Number _____

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

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If you wish to utilize the automatic payment option, please provide the following:

Your Bank Name: _____

Your Bank City and State: _____

Bank Routing Number: _____ Your account number: _____

Note: Please include a voided blank check.

Authorized Signer

Date

Please Print Name and Title of Authorized Signer

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