

Contact Information

Kansas Secretary of State
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**KANSAS SECRETARY OF STATE
Health Care Card Supplier Bond**

SB

90-01

All information must be completed or this document will not be accepted for filing.

Bond number: _____

Bond amount: _____

KNOW ALL PERSONS BY THESE PRESENTS, that we,

Name of applicant

of the city of _____, county of _____, state of _____, as
APPLICANT, and _____, a corporation duly organized and existing under the laws of the state of
_____, and authorized to do business in the state of Kansas, as SURETY, are held and firmly bound unto
the state of Kansas, in the penal sum of \$50,000 lawful money of the United States for the payment of which sum, well and truly to be
made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that:

Whereas, _____, APPLICANT, is subject to the provisions of the Kansas Health
Discount Card Act, K.S.A. 50-1,100 et. seq. (the Act);

NOW, THEREFORE, if the above bonded Applicant shall faithfully comply with the provisions of the Act, as amended, and the orders
legally made pursuant thereto, then and in that event the foregoing obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

That any person or the Kansas Attorney General claiming against the bond for a violation of the Act occurring during the time period
during which this bond is in effect may maintain an action at law against the APPLICANT and against the SURETY. The aggregate
liability of the SURETY to all persons damaged by violations of the Act may not exceed the amount of the surety bond.

FURTHER, this bond is executed by the SURETY upon the express condition that the said SURETY, may, if it shall so elect, cancel said
bond by giving notice in writing to the Kansas Secretary of State's office, and the said bond shall be deemed cancelled at the end of
sixty (60) days. In the case of such cancellation by the SURETY, no further obligation shall be incurred under this bond after the
expiration of said sixty (60) days, but the liability of the APPLICANT and SURETY shall apply as above set out as to any acts or
omissions which may have occurred prior to the effective date of such cancellation.

Do not write in this space

The effective date of the bond is _____ and shall remain effective for one year from
the filing date of the registration. Month Day Year

Signed and sealed this _____ day of _____, 20 _____ .

Principal name

Title

Signature

Surety name

Title

Signature

WITNESS/ATTEST

Signature

Signature

Instructions

1. Please submit with Kansas Secretary of State form HCC - Health Care Card Suppliers.
2. Please submit this form in duplicate.
3. The filing fee for form HCC includes the form SB - Health Care Card Supplier Bond.

Notice: There is a \$25 service fee for all returned checks.