

SB

**KANSAS SECRETARY OF STATE
Health Care Card
Supplier Bond**

Kansas Office of the Secretary of State:

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120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

1. **Bond Number**

2. **Bond amount**

_____, of the City of _____,

State of **MO** _____

CONDITION.

The condition of this obligation is that Supplier/Principal has filed notice with the Secretary of State to sell discount cards pursuant to the Kansas Discount Card Act (Act), K.S.A. 50-1,100 et seq. and amendments thereto. Pursuant to K.S.A. 50-1,101(b), Supplier/Principal is obligated to maintain a surety bond in the amount of fifty-thousand dollars (\$50,000) in favor of any person and the Kansas Attorney General for the benefit of any person who is damaged by any violation of the Act, including any violation by the Supplier/Principal or by any other person that markets, promotes, advertises or otherwise distributes a discount card on behalf of the Supplier/Principal.

If the Supplier/Principal, its agents, employees, and any other person that markets, promotes, advertises or otherwise distributes discount cards on behalf of the Supplier/Principal abides by the provisions of the Act and any amendments thereto, then this obligation shall be null and void. Otherwise, the bond shall be in full force and effect.

LIABILITY. Any person and the Kansas Attorney General, for the benefit of any person who is damaged by any violation of the Act, may bring an action against the Supplier/Principal for violations of the Act and make a claim against this bond.

DURATION. This bond shall become effective on the date the annual notice is filed with the Secretary of State and shall remain in effect for one year.

CANCELLATION. Surety may cancel this bond by providing written notice to the Secretary of State and the Supplier/Principal at least sixty (60) days prior to the effective date of cancellation, but such cancellation shall not affect any liability for acts which may have occurred prior to the effective date of cancellation.

Supplier/Principal Name	Surety Name
Signature X	Signature X
Title	Title

ACKNOWLEDGEMENT BY SURETY

1. State of

2. County of

Be it remembered that on this _____ day of _____, before me, the undersigned, a Notary Public in and for the State of _____, came _____, who is personally known to me to be the same person who acknowledged that he/she executed this bond on behalf of the Surety.

In witness thereof, I have hereunto subscribed my name and affixed my notarial seal on the day and year written.

Notary Public X	My appointment or commission expires:	<input type="text"/>
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Bond approved as to form by the Attorney General pursuant to K.S.A. 50-1,101 and amendments thereto.

Name	Title	Month	Day	Year
<input type="text"/>				