



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785) 296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**SUPPLEMENTAL APPLICATION:  
Surety Bond Form - \$25,000  
Form S-340**

**INSTRUCTIONS**

Wholesale distributors require a surety bond that meets the requirements of 21 U.S.C. 360eee-2. A facility that is not government owned and operated shall submit a surety bond of \$100,000. The Board will accept a surety bond in the amount of \$25,000 if the annual gross receipts of the previous tax year is \$10,000,000 or less. If the facility can provide evidence that it possesses the required bond in another state, the requirement for a bond shall be waived by the Board.

The Surety must attach a certified copy of the Agent's Power of Attorney.

Know all persons by these presents:

That the below facility doing business at the below address as Principal,

Company/Facility Name			Kansas Registration Number
Physical Address			Phone Number
City	State	Zip	County

and

Surety Name			Surety Bond Number
Address			Phone Number
City	State	Zip	County

a corporation organized and existing under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of Kansas, as a Surety, are bound to the Kansas State Board of Pharmacy for \$25,000, for the payment of which Principal and Surety jointly and severally bind themselves, their successors, assigns, and legal representatives.

**Duration:** The term of this bond shall be from the date of its signing and shall remain effective continuously until Principal ceases to be registered in the State of Kansas or until Surety exercises its right of termination. The Kansas State Board of Pharmacy may make a claim against this bond for up to one year after the date on which Principal ceases to be registered as a wholesale distributor in the State of Kansas or the bond is terminated.

**Condition of Obligation:** Principal has applied to the Kansas State Board of Pharmacy for a registration to operate as a wholesale distributor pursuant to K.S.A. 65-1625, et seq. Principal is required to comply with all relevant Kansas laws and regulations promulgated thereunder and the Drug Supply Chain Security Act as included as Part II of the Federal Drug Quality and Security Act of 2013, and regulations promulgated thereunder. By making application for registration as a wholesale distributor, Principal agrees to comply with all laws and rules governing wholesale distribution. The purpose of this bond is to ensure Principal's compliance with all applicable laws and rules and to secure payment of any administrative civil penalties, costs, or fees due to the Kansas State Board of Pharmacy that are not paid by Principal within 30 days after such administrative civil penalties, costs, or fees become final. If Principal faithfully observes and obeys all applicable laws and rules, this obligation will be void, otherwise the obligation will remain in full force and effect.

**Notice:** No liability will attach to Surety under this bond unless, on discovery of any fact or circumstances indicating a possible claim under this bond, written notice of the claim containing all details then known is given to Surety at the address provided above.

**Termination:** Surety may terminate its obligation under this bond by giving 60 days written termination notice to the Kansas State Board of Pharmacy. Such termination notice shall be sent via certified mail to the Kansas State Board of Pharmacy, 800 SW Jackson, Ste 1414, Topeka KS 66612. Such termination notice will not affect this agreement in respect to any obligation which may have arisen prior to the receipt of such termination notice by the Kansas State Board of Pharmacy. The liability of Surety on this bond shall cease 60 days after the receipt of the termination notice by the Kansas State Board of Pharmacy.



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785) 296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**SUPPLEMENTAL APPLICATION:  
Surety Bond Form - \$25,000  
Form S-340**

**Extent of Liability:** The maximum amount of liability of Surety by virtue of this obligation will be no more than \$25,000, together with the interest due.

**Venue:** If any action or proceeding is initiated in connection with this bond and any and all obligations arising under this bond, the venue of the same will be Shawnee County, Kansas.

**Severability:** If any one or more of the provisions of this bond are determined to be illegal or unenforceable by a court of competent jurisdiction, all other provisions will remain effective.

**Binding Effect of Agreement:** This bond is binding on Surety and its successors, assigns, and legal representatives.

*Principal and Surety have executed this bond below:*

**Principal CERTIFICATION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

**Surety CERTIFICATION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE