

# MONTANA SURPLUS LINES SUBMISSION FORM

## INDEPENDENTLY PROCURED SURPLUS LINES INSURANCE POLICIES ONLY

NOTICE: Complete entire submission form. Do not leave any blanks. Write "NA" if any question is "not applicable." Incomplete submission forms will be returned.

IS THIS A MULTI-STATE RISK <u>      </u> YES <u>      </u> NO <u>      </u> IS POLICY INDEPENDENTLY PROCURED <u>      </u> YES <u>      </u> NO <u>      </u>	IS MONTANA THE HOME STATE <u>      </u> YES <u>      </u> NO <u>      </u> <b>If Montana is not home state no filing is required</b>
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INSURED: _____	POLICY NUMBER: _____
MT ADDRESS: _____	← RISK LOCATION ONLY
_____	← RISK LOCATION ONLY

IS THIS FILED ON A BINDER?  
**YES**  **NO**

**PART 1: Affirmation Of Independently Procured Insurance Policyholder**

The undersigned hereby affirms that the insurance, which is subject to this affirmation, is in accordance with Title 33, Section 33-2-301 et seq., MCA, the Surplus Lines Insurance Law of the State of Montana. The insurance which is the subject of this affirmation was not procured for: 1) The purpose of securing advantages as to the terms of the insurance contract and; 2) the purpose of obtaining a lower premium rate than would be accepted by the authorized insurer except as provided in MCA 33-2-302 (1) (d) (i) and (2). Furthermore: 1) The insurance which is the subject of this affirmation is a line of insurance which appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance; or 2) Immediately before requesting from an unauthorized insurer the insurance which is the subject of this affirmation, I endeavored diligently and unsuccessfully to secure equivalent coverage from authorized insurers holding certificates of authority to transact this line or the full amount of the line of insurance in the State of Montana. and; 3) I am aware that prior to placing the insurance that the surplus lines insurer with whom the insurance is placed is not authorized in this state and is not subject to the same supervision as an authorized insurer; and in the event of the insolvency of the surplus lines insurer, the property and casualty guaranty fund of the state will not pay losses under the surplus lines coverage.

Is the risk included on the most recent Approved Risk List?  YES or  NO If so, in which category? (Ex: GL-01) \_\_\_\_\_

If not included on the most recent ARL describe: **1) Type of Risk** \_\_\_\_\_

**1a) EXPLAIN** in detail why insurance for this risk is unavailable from an authorized insurer: *(COMPLETE SENTENCE)*

**2) Indicate prior insurer:** \_\_\_\_\_ **2a) Explain** why the prior insurer, if an authorized insurer, did not renew:

**2b) If a renewal was offered, what was the renewal quote?** \_\_\_\_\_ *(IF NONE PUT "NONE")*

**3) Are you filing using the 10% AND \$1500 exception?** (33-2-302(1)(d)(i) and (2) MCA) (Y or N) \_\_\_\_\_ *(DILIGENT EFFORT IS REQUIRED)*

If YES, the financial stability rating system used was \_\_\_\_\_ and the rating was \_\_\_\_\_ as of \_\_\_\_\_ *(effective date).*

*For Office Use Only:*  
Verified rating

**4) Is the insured an Exempt Commercial Purchaser?** \_\_\_\_\_ YES \_\_\_\_\_ NO, If "No" List a minimum of **three** authorized insurers you contacted for your diligent efforts to place this insurance,:

**A.** \_\_\_\_\_ **B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
**\$** \_\_\_\_\_ **\$** \_\_\_\_\_ **\$** \_\_\_\_\_

I, \_\_\_\_\_, am the person whose name is subscribed below and I affirm that the information contained herein is true.

<b><u>I</u></b>	
<b>Independently Procured Insurance Policyholder Name</b>	<b>Address of Independently Procured Insurance Policyholder</b>
<b>X</b>	
<b>Signature of Independently Procured Insurance Policyholder</b>	<b>Date</b>
	<b>Independently Procured Registration #</b>

**PART 2: Premium / Tax / Fee Information Section- Montana is the Home State**

Name of Unauthorized Insurer(s): \_\_\_\_\_ Lloyds Syndicate # \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ Limits of Coverage: \$ \_\_\_\_\_

If this policy is a multi-year policy with the policy term greater than 12 months, this form is to be completed only in the initial year of the policy. For all Subsequent years report policy premium on the Montana Surplus Lines Multi-Year Policy Premium Form

Policy Premium: \$ _____	Fire Premium: \$ _____
Premium Tax: (2.75%) \$ _____	Fire Tax (2.5%): \$ _____
Stamping Fee: (0.25%) \$ _____	Inspection Fee: \$ _____

**FOR OFFICE USE ONLY:**

ACCEPTED STAMP ONLY

**NOTICE: Under Montana law, inspection fees for the actual cost of inspecting the risk to be covered may be charged. Other fees, such as placement fees or policy fees, are not permitted.**

IF FILING ON PAPER SEND: THE ORIGINAL SUBMISSION PLUS 1 COPY AND 1 COPY OF DECLARATION PAGES AND/OR 1 COPY OF THE BINDER. SEND TO: COMMISSIONER OF SECURITIES AND INSURANCE AT 840 HELENA AVENUE, HELENA,

