



Monica J. Lindeen

Commissioner of Securities & Insurance
Montana State Auditor
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REQUIREMENTS FOR SURPLUS LINES INSURERS

In order to become eligible to write Surplus Lines business in Montana, you must comply with the following general requirements. Note that requirements differ for foreign and alien insurers.

FOREIGN OR ALIEN INSURERS must appear on the Commissioner's most recent list of eligible surplus lines insurers before they can begin writing any business in the state of Montana. The list is revised quarterly.

FOREIGN INSURERS

1. Confirm appointment of the Commissioner of the state of Montana as insurer's attorney to receive service of process and designate the name and address of the person to whom process against the insurer, served upon the Commissioner of Insurance, is to be forwarded (SURLINES.SP).
2. Submit a current certificate from the Commissioner of Insurance in the insurer's domicile state showing the insurer is authorized to transact the kinds of insurance proposed to be transacted in the state of Montana.
3. Maintain capital and surplus or its equivalent under the laws of its state of domicile of no less than \$15 million.
4. Provide the Commissioner of the state of Montana a 9 x 14 inch copy of its current Annual Statement and a copy of the insurer's most recent Quarterly Statement. Statements in other sizes are not acceptable.
5. Provide the Commissioner with a description of the products the insurer plans to sell in Montana and provide the Commissioner with a detailed description of the insurer's proposed market plan.

NOTE: All surplus lines business **MUST** be written through a Montana Insurance Department authorized Surplus Lines Producer. (See Section 33-2-306, MCA.) Any licensed resident or nonresident property/casualty producer may apply for a Surplus Lines Producer License. Contact the Agent Licensing Bureau to obtain the applicable forms.

(Continued)

ALIEN INSURERS

1. Insurer's name must appear on the NAIC's most recent quarterly "Financial Review of Alien Insurers" list.

NOTE: All surplus lines business **MUST** be written through a Montana Insurance Department authorized Surplus Lines Producer. (See Section 33-2-306, MCA.) Any licensed resident or nonresident property/casualty producer may apply for a Surplus Lines Producer License. Contact the Agent Licensing Bureau to obtain the applicable forms.



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FOREIGN INSURER SURPLUS LINES ELIGIBILITY APPLICATION

APPLICANT COMPANY'S NAME _____

HOME OFFICE ADDRESS _____
(Street or PO Box)

(City) (State) (Zip) (NAIC Number)

(FEIN Number)

MAILING ADDRESS _____
(Street or P.O. Box)

(City) (State) (Zip)

Name and Phone Number of Contact Person _____

DATE INCORPORATED _____ STATE OF DOMICILE _____

ARE YOU A SUBSIDIARY? YES _____ NO _____
If yes, list ultimate parent company.

ARE YOU A PARENT COMPANY? YES _____ NO _____
If yes, list insurance subsidiaries: (Attach separate sheet, if necessary.)

HAS ANY ADMINISTRATIVE ACTION EVER BEEN TAKEN AGAINST YOU IN ANY OTHER STATE?
YES _____ NO _____ If yes, please explain.

HAVE YOU EVER BEEN FINED IN ANY OTHER STATE? YES _____ NO _____
If yes, please explain.

Herewith submitted are the following documents:

- () Current Annual Statement
- () Current Quarterly Statement
- () Certificate of Authority, Domiciliary State
- () Completed Service of Process (SURLINES.SP)
- () Descriptions of products to be sold in Montana and proposed marketing plan

DATED _____

(Name & Title of Officer)

(Signature of Officer)

CERTIFICATION

I, _____, hereby certify that I am the duly appointed and qualified
(Name)

_____ of _____, a corporation existing under
the
(Officer) (Name of Company)

laws of the State of _____ and that _____ hereby agrees
to
(Domicile) (Name of Company)

abide by Montana surplus lines statutes, all other applicable statutes in Title 33, Montana Code Annotated and will only produce business in Montana through a Montana licensed surplus lines producer.

IN WITNESS WHEREOF, I have hereunto set my hand as _____ of the
said
corporation this _____ day of _____, 20 .

Name

Title

Insurance Company

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE OF PROCESS

_____(Name of Company), duly incorporated under the laws of the State of _____, engaging in 'surplus lines' underwriting in the State of Montana, pursuant to the provisions of Montana Law, appoints THE DULY ELECTED MONTANA COMMISSIONER OF SECURITIES AND INSURANCE, OFFICE OF THE STATE AUDITOR as its true and lawful attorney to receive service of legal process in any action or proceeding against it in the State of Montana. The Company authorizes the Commissioner, or, in the Commissioner's absence, an employee of the Commissioner, to acknowledge service of legal process on behalf of the Company in this state. The Company waives all claim to or right of error by reason of acknowledgement of service. The Company does consent and agree that any lawful process against it that is served upon the Commissioner as appointed attorney shall have the same legal force and validity as if served upon the Company.

This appointment and authority is irrevocable and is to continue in force so long as any liability remains outstanding or pending in the State of Montana on account of any contract or certificate of insurance or indemnity issued by or through the said Company.

IN WITNESS WHEREOF, the said Company has to these presents affixed its corporate seal and caused the same to be subscribed and attested by its President and Secretary, or other chief executive officers at the City of _____, in the State of _____, on the _____ day of _____, 20____.

President

Secretary

Name and address of the person to whom Service of Process is to be forwarded.

The link for the current Approved Risk List is [here](#).

Montana Code Annotated Reference: [33-2-301](#)