

AIR AMBULANCE SERVICE MEMBERSHIP AGREEMENT APPLICATION

This application is for private air ambulance service entity seeking a certificate of authority to sell, solicit, or negotiate air ambulance membership agreements in Montana. Please complete the information below and include attachments as necessary to provide complete answers.

Applicant Entity Name : _____

Home Office Address: _____

Mailing Address: _____

Date of Incorporation: _____

State of Domicile: _____

Related Entities (includes all parent, affiliate, or subsidiary members of a holding company system):

Identify All Related Entities Offering Memberships Under This Certificate (If related entities intend to offer the same membership agreement and maintain reciprocity with each other, no separate application is needed):

States In Which Applicant Offers Membership Agreements: _____

ATTESTATION: The Applicant, through its authorized representative, attests to the following:

- The contents of this application and all attachments are true and complete .
- The Applicant understands and will comply with the applicable provisions of Mont. Code Ann. Titles 33 and 50.
- The Applicant and any parent or affiliate are in sound fiscal condition such that Applicant has the financial resources needed to sustain operations for at least two years at its current level of service and in its current service area.

Signature of Officer or Representative: _____

Printed Name: _____ Title: _____

Date: _____



406.444.2040



csi@mt.gov



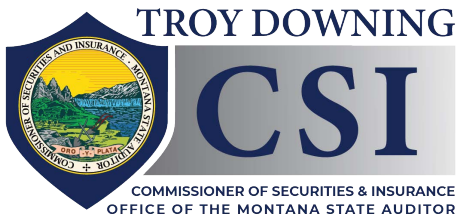
csimt.gov



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Helena MT 59601

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AIR AMBULANCE MEMBERSHIP AGREEMENT APPLICATION REQUIRED DOCUMENTS

Ensure all the following are provided in support of an application:

- ☐ Documentation of compliance with Mont. Code Ann. §50-6-306 (licensure with DPHHS).
- ☐ Copy of entity organizational documents.
- ☐ Template of membership agreement(s), fee schedules, and all other documents to be offered in Montana (if no membership agreement is to be used, please indicate that on the application) pursuant Mont. Code Ann. §33-2-2203(1)(b).
- ☐ Copy of financial agreements with insurers pursuant to Mont. Code Ann. §2-18-717.
- ☐ Copy of reciprocity agreements with other air ambulance providers pursuant to Mont. Code Ann. §50-6-320
- ☐ Licensing fee of \$300, pursuant to Mont. Code Ann. §33-2-2202(1).
- ☐ Membership agreement filing fee of \$50 (per agreement template), pursuant to Mont. Code Ann. §33-2-2202(3).
- ☐ Copy of most recent audited financial report and biographical affidavits of all directors and officers pursuant to Mont. Code Ann. §33-2-2203(1)(c).

BIOGRAPHICAL AFFIDAVIT

<https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>