

APPLICATION FOR CERTIFICATE OF AUTHORITY PREMIUM FINANCE COMPANY

§33-14-101 through §33-14-307, Montana Code Annotated

Name of Premium Finance Company Street Address		
Mailing address (if different):		
Phone #: ()	FEIN #:_	
Email:		
Date of organization or incorporation: _		State of Domicile:
Herewith submitted are the following do	ocuments:	
 Copy of the form of contract to be 	used.	
 Certified copy of charter or articles 	s of incorporation and b	ylaws, if any.
 Latest financial statement execute 	ed on oath by president	or another principal officer.
 Certificate from the Secretary of S 	State of Montana showir	ng compliance with the corporation laws of
this state, if incorporated.		
\$100 license fee.		
 Biographical Affidavit of each princ 	cipal officer.	
https://content.naic.org/sites/o	default/files/ucaa-indus	try-naic-biographical-affidavit.pdf
DATED		
	(Signature)	
	(Title)	

All documents and application can be emailed to csiexams@mt.gov or mailed to:

Commissioner of Securities and Insurance Exams Department 840 Helena Avenue Helena, MT 59601

If check is mailed in by itself because you have chosen to email documents, please notate what the check is for.











