

## APPLICATION FOR ADVISORY ORGANIZATION LICENSE

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NAME OF ADVISORY ORGANIZATION

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HOME OFFICE ADDRESS

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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ FEIN# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Date of organization or incorporation: \_\_\_\_\_ State of Domicile: \_\_\_\_\_

The following documents must accompany this application form:

- ☐ Certified copy of the constitution, articles of incorporation, agreement or association and bylaws and rules governing the conduct of business.
- ☐ Business plan for the state of Montana that includes a detailed description of the services, including any data collection and actuarial/advisory/rate/modeling services, the company intends to provide to subscribers. If the application is for workers compensation the description needs to discuss all services required of a workers compensation advisory organization per Title 33, Chapter 16, Part 10.
- ☐ Examples of the rate, rule, rate/rule, (e.g., loss cost, etc.) and form filings that the company intends to file in Montana on behalf of subscribers. If these filings have been made in other states, please provide a complete copy of those filings made.
- ☐ Confirmation that rate, rule, rate/rule, and form filings will be made in NAIC SERFF along with an explanation of the experience with NAIC SERFF.
- ☐ The credentials of the actuaries, statisticians and/or data scientists (e.g., membership in the Casualty Actuarial Society, American Academy of Actuaries, education, etc.) providing actuarial/advisory/ rate/modeling services needs to be provided along with a summary of their experience.
- ☐ Most recent list of members and subscribers.



☐ Complete Service of Process Form 12:

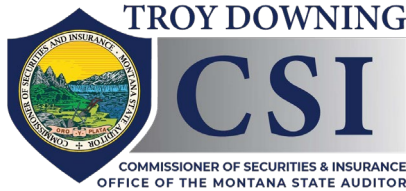
[https://csimt.gov/wp-content/uploads/2023/01/ucaa-industry-uniform-consent-service-process\\_1.30.23.pdf](https://csimt.gov/wp-content/uploads/2023/01/ucaa-industry-uniform-consent-service-process_1.30.23.pdf).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Print Name of Officer

\_\_\_\_\_  
Title of Officer



**ADVISORY ORGANIZATION**  
**STATEMENT OF QUALIFICATIONS TO SECTION 33-16-402, MCA**

This is to certify that the \_\_\_\_\_, an advisory organization organized under the laws of \_\_\_\_\_, in order to obtain and retain a license in the state of Montana, agrees that it will:

1. Permit any admitted insurer to become a member of or a subscriber to its advisory organization at a reasonable cost and without discrimination or withdraw therefrom.
2. Neither have nor adopt any rule or exact any agreement, the effect of which would be to require any member or subscriber, as a condition to membership or subscribership, to adhere to its rates including loss costs, rating plans, rating systems, underwriting rules, or policy or bond forms.
3. Neither adopt any rule nor exact any agreement, the effect of which would be to prohibit or regulate the payment of dividends, savings, or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members, or subscribers.
4. Neither practice nor sanction any plan or act of boycott, coercion, or intimidation.
5. Neither enter into nor sanction any contract or act by which any person is restrained from lawfully engaging in the insurance business.
6. Notify the commissioner promptly of every change in its constitution, its articles of incorporation, agreement, or association, and of its bylaws and rules governing the conduct of its business; its list of members and subscribers; and the name and address of the resident of this state designated by it upon whom notices or orders of the commissioner or process affecting such organization may be served.
7. Comply with the provisions of 33-16-308 and 33-16-1033, and 33-16-1034 MCA.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Officer of Organization and Title