



## RISK RETENTION GROUP REGISTRATION APPLICATION

3/12/24 Updated

### Section A: Risk Retention Group Information

1. Exact name of Risk Retention Group \_\_\_\_\_  
\_\_\_\_\_
2. Other names under which the Risk Retention Group is or may be doing business in this state or any other state if different than above \_\_\_\_\_
3. Address of principal place of business \_\_\_\_\_  
\_\_\_\_\_
4. NAIC Identification Number \_\_\_\_\_  
Federal Employer Identification Number (FEIN) \_\_\_\_\_
5. Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
6. Contact Person & Title \_\_\_\_\_
7. Domiciliary State \_\_\_\_\_ Date of Licensure in Domiciliary State \_\_\_\_\_  
Form of Organization or Corporation \_\_\_\_\_
8. What industry group is insured by the RRG (e.g. Construction, Long-haul Trucking, Medical Professionals, etc.) \_\_\_\_\_
9. List the name, address, and occupations of the principal officers and directors of the Risk Retention Group. Attach additional page(s) if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. List the name, address and telephone number of the company responsible for management of the insurance operations (Captive Manager) of this Risk Retention Group \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Ownership of the Risk Retention Group consists of one or the other of the following (check one)

- The insured members of the group own stock (or other ownership units) in the group directly.
- The group has a sole-owning organization or association, and the insured members own stock (or other ownership units) in the organization or association. In this instance, please provide the name and address of the sole-owning organization or association:

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**Section B: Agent Information**

A person acting or offering to act as a producer for a Risk Retention Group that solicits members, sells insurance coverage, purchases coverage for its members located within the state of Montana, or otherwise does business in Montana shall, before commencing such activity, obtain an insurance producer license from the Montana Commissioner of Insurance.

1. Name and address of insurance producer \_\_\_\_\_  
\_\_\_\_\_

2. Type of license held:

a. Resident producer: License number \_\_\_\_\_

b. Non-resident producer: License number \_\_\_\_\_

**Section C: Risk Retention Group Statements (check the appropriate answer)**

- 1. The primary activity of this Risk Retention Group consists of assuming and spreading all or any portion of the liability exposure of its members. Yes  No
- 2. The Risk Retention Group is organized for the primary purpose of conducting the activity under (1) above. Yes  No
- 3. The Risk Retention Group does not exclude any person from membership in the group solely to provide for members of the group a competitive advantage over such a person. Yes  No
- 4. The Risk Retention Group has attached a copy of the certificate of charter (Articles) as approved by the state of domicile. Yes  No

5. The Risk Retention Group has designated the Montana Insurance Commissioner to be its agent solely for the purpose of receiving service of legal documents or process against it.  
Yes  No
6. The Risk Retention Group has submitted to the Montana Insurance Commissioner, as part of this application and before it has offered any insurance in Montana, a copy of the plan of operation or feasibility study as filed with its state of domicile. This plan should include the coverages, deductibles, coverage limits, rates and rating classification systems for each line of liability insurance the group intends to offer. Further, the group agrees to promptly submit to the Montana Insurance Commissioner any business plan changes.  
Yes  No
7. The Risk Retention Group will comply with the unfair claim settlement practices laws of Montana.  
Yes  No
8. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such group under the laws of Montana. Yes  No
9. The Risk Retention Group will submit a copy of each examination of the Risk Retention Group as certified by the insurance regulatory official of the state in which the examination was conducted or public official conducting the examination. Yes  No
10. The Risk Retention Group will submit to an examination by the Montana Insurance Commissioner to determine the group's financial condition, if:
- a. The Insurance Commissioner (Director, Superintendent) of the group's state of domicile has not begun or has refused to initiate an examination of the group; and
  - b. any such examination by the Insurance Commissioner (Director, Superintendent) is coordinated so as to avoid unjustified duplication and unjustified repetition.
- Yes  No
11. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Montana Insurance Commissioner upon a finding of financial impairment or in a voluntary proceeding. Yes  No
12. The Risk Retention Group will comply with the laws of Montana concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction. Yes  No
13. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner alleging that the group is in hazardous financial condition or is financially impaired. Yes  No

14. The Risk Retention Group will provide the following notice, in 10-point type, on the front page and the declaration page, the following notice:

"NOTICE

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your Risk Retention Group."

Yes  No

15. The Risk Retention Group will submit a copy of its annual financial statement to the Montana Insurance Commissioner by March 1 of each year. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist under criteria established by the National Association of Insurance Commissioners (NAIC.) Yes  No

16. The Risk Retention Group will comply with requests for such information as may be required to verify the group's continuing qualification as a Risk Retention Group under Montana law. Yes  No

17. The Risk Retention Group will not solicit or sell insurance to any person in Montana who is not eligible for membership in the group. Yes  No

18. Has any person transacting business on behalf of this Risk Retention Group ever:

- a. been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? Yes  No
- b. been denied any application for a professional, vocational, or business license? Yes  No
- c. had any such license suspended or revoked? Yes  No
- d. has had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? Yes  No

If the answer to any part of question 18 is **yes**, attach a supplementary statement explaining in full each occurrence.

**Section D: Affirmation and Execution**

I do hereby swear and affirm that the aforementioned statements and information are true and correct.

\_\_\_\_\_  
(Risk Retention Group Name)

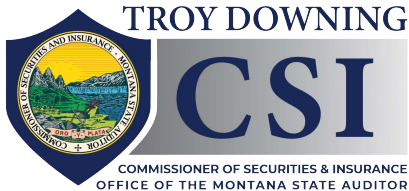
By: \_\_\_\_\_

Title: \_\_\_\_\_

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

## CHECKLIST FOR SUBMISSION TO MONTANA

- Copy of the certificate of charter (Articles) as approved by the state of domicile.
- Copy of Certificate of Authority as issued by the state of domicile.
- Copy of the plan of operation or feasibility study as filed with its state of domicile. This plan should include the coverages, deductibles, coverage limits, rates and rating classification systems for each line of liability insurance the group intends to offer. Further, the group agrees to promptly submit to the Montana Insurance Commissioner any business plan changes.
- List of states where the group is registered.
- Completed Service of Process Form.



## APPOINTMENT OF AGENT TO ACCEPT SERVICE OF PROCESS

\_\_\_\_\_ (Name of Risk Retention Group ... hereinafter "Group"), duly organized under the laws of the State of Montana appoints THE DULY ELECTED STATE AUDITOR AND COMMISSIONER OF INSURANCE OF THE STATE OF MONTANA to be its lawful agent to receive service of legal process issued against it in the State of Montana. The Group authorizes the Commissioner, or, in the Commissioner's absence, an employee of the Commissioner, to acknowledge service of legal process on behalf of the Group in this state. The Group consents and agrees that any lawful process against it that is served upon the Commissioner as appointed agent shall have the same legal force and validity as if served upon the Group and hereby waives all claim or right of error by reason of such acknowledgement of service.

This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State Montana and binds the assets or liabilities of the Group or any successor in interest. This instrument is executed pursuant to, and shall be construed to constitute full compliance with, Title 33, Chapters 11 and 28 of the Montana Code Annotated.

IN WITNESS WHEREOF, the said Group has to these presents affixed its corporate seal and caused the same to be subscribed and attested by its President and Secretary at the City of \_\_\_\_\_, in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
President / Attorney-in-fact

[SEAL]

\_\_\_\_\_  
Secretary / Attorney-in-fact

Below, please provide the name and address of the person to whom Service of Process is to be forwarded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



406.444.2040



csi@mt.gov



csimt.gov



840 Helena Avenue  
Helena MT 59601

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