



MONTANA CREDIT HISTORY CERTIFICATION

The following is a checklist of the items that a company needs to provide and/or confirm with regarding the use of credit history when filing insurance scoring models with the state of Montana. Please indicate confirmation or inclusion by placing a check beside each item, as applicable, and signing below:

- 1) A complete copy of the insurance scoring model.**
- 2) Confirm that income, gender, address, zip code, ethnic group, religion, marital status or nationality of the consumer is not utilized to calculate an insurance score.**
- 3) Confirm the company will not deny, cancel, or not renew a policy of personal insurance on the basis of credit information without consideration of any other applicable underwriting factor independent of credit information and not expressly prohibited by Mont. Code Ann. § 33-18-605(1)(a).**
- 4) Confirm that the company will not base an insured's renewal rates for personal insurance upon credit information without consideration of any other applicable factor independent of credit information.**
- 5) Confirm that the company will not take an adverse action against a consumer because the consumer does not have a credit card account without consideration of any other applicable factor independent of credit information.**
- 6) Confirm that the model does not treat any of the following as a negative factor for the purpose of underwriting or rating a policy of personal insurance:**

Credit inquiries not initiated by the consumer or inquiries requested by the consumer for the consumer's own credit information;

Inquiries relating to insurance coverage, if so identified on a consumer's credit report;

Collection accounts with a medical industry code, if so identified on a consumer's credit report;

Multiple-lender inquiries, if coded by the consumer reporting agency on the consumer's credit report as being from the home mortgage industry and made within 30 days of one another, unless only one inquiry is considered;

Multiple-lender inquiries, if coded by the consumer reporting agency on the consumer's credit report as being from the automobile lending industry and made within 30 days of one another, unless only one inquiry is considered;

The number of credit inquiries;

A consumer's use of a particular type of credit card, charge card, or debit card or the number of credit cards obtained by a consumer;

A loan if information from the credit report indicates the loan is for the purchase of an automobile or a personal residence. However, an insurer may consider the bill payment history of any loan, the total number of loans, or both;

v 09/2024

A consumer's total available line of credit or total debt. However, an insurer may consider the consumer's bill payment history on the debt or the total amount of outstanding debt if the outstanding debt exceeds the total line of credit.

7) Please indicate "Yes" or "No" whether or not the absence of credit information or an inability to calculate an insurance score will be considered in underwriting or rating:

Yes No

8) If the answer to 7) above is "Yes" please indicate below how compliance will be maintained by marking one of the three options below and providing additional explanation in the box below, if applicable:

Treats the consumer as otherwise approved by the Commissioner if the insurer presents information that the absence or inability relates to the risk for the insurer;

Treats the consumer as if the consumer had neutral credit;

Excludes the use of credit and uses only other underwriting criteria.

Explanation:

In regard to SERFF Filing Number _____,
[SERFF Filing Number]

I, _____ of the _____,
[Officer's Name] [Company Name]

hereby certify that in addition to my above representations, I have reviewed **all the provisions of Title 33, Chapter 18, Part 6, "Montana Use of Credit Information in Personal Insurance."** I further certify that to the best of my knowledge and belief, the use of credit history information in this filing complies with Title 33, Chapter 18, Part 6 of the Montana Code. I understand that this certification in no way excuses compliance with any provision of Montana law.

Officer's Signature

Date

Title

Email Address

Mailing Address

City, State, Zip

Phone Number