



840 Helena Ave
Helena, MT 59601
Phone: 406.444.2040 or 800.332.6148
Fax: 406.444.3413
www.csimt.gov

MONTANA CERTIFICATION OF COMPLIANCE FOR UM, UIM, AND MED-PAY COVERAGES

SERFF Filing Number _____

I, _____, on behalf of _____,
[Qualified Credentialed Actuary Name] [Company Name]

do hereby certify the following (please check one):

The Company allows “stacking” of UM, UIM, and Med-Pay limits.

The Company does **not** allow “stacking” of **all or some of** UM, UIM, and Med-Pay, and the premiums charged for the coverage by the Company actuarially reflects the limiting of coverage separately to the vehicles covered by the policy per § 33-23-203(1)(c), MCA.

I certify that a complete copy of UM, UIM and Med-Pay premiums and/or rates have been filed with the Commissioner of Securities and Insurance, Office of the Montana State Auditor.

I understand that this certification in no way excuses compliance with any provision of Montana law.

Qualified Credentialed Actuary Signature

Date

Title

Email Address

Telephone Number

Mailing Address

City, State, Zip