

## 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 docur	nents:	
Copy of the form of contract to be use	d.	
Certified copy of charter or articles of	incorporation and	bylaws, if any.
Latest financial statement executed or	n oath by preside	nt or another principal officer.
Certificate from the Secretary of State	of Montana show	ving compliance with the corporation laws of
this state, if incorporated.		
• \$100 license fee.		
Biographical Affidavit of each principa		
https://content.naic.org/sites/defa	ult/files/ucaa-ind	ustry-naic-biographical-affidavit.pdf
DATED		
	(Signature)	
(Title)		

All documents and application can be emailed to <a href="mailto:csiexams@mt.gov">csiexams@mt.gov</a> 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.









