

STATE OF MONTANA
State Auditor
Commissioner of Insurance & Securities
840 Helena Avenue
Helena, MT 59601

APPLICATION FOR CERTIFICATE OF AUTHORITY
PREMIUM FINANCE COMPANY

NAME OF PREMIUM FINANCE COMPANY

STREET ADDRESS

CITY

STATE

ZIP CODE

Mailing address (if different): _____

Phone #: () _____ FEIN #: _____

Email _____

Date of organization or incorporation _____ State of Domicile _____

Herewith submitted are the following documents:

- () Copy of the form of contract to be used.
- () Certified copy of charter or articles of incorporation and bylaws, if any.
- () Latest financial statement executed on oath by president or other principal officer.
- () Certificate from the Secretary of State of Montana showing compliance with the corporation laws of this state, if incorporated.
- () \$100.00 license fee.
- () Biographical Affidavit of each principal officer.

DATED _____

(Signature)

(Title)

BIOGRAPHICAL AFFIDAVIT

<http://csimt.gov/wp-content/uploads/NAIC-Biographical-Affidavit-Form-2015.pdf>

CHAPTER 14. INSURANCE PREMIUM FINANCE COMPANIES

http://leg.mt.gov/bills/mca/title_0330/chapter_0140/parts_index.html