

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

**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**

---

---

**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.

[https://csimt.gov/wp-content/uploads/industry\\_ucaa\\_form11\\_updated.pdf](https://csimt.gov/wp-content/uploads/industry_ucaa_form11_updated.pdf)

DATED \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)