



**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 another principal officer.
- Certificate from the Secretary of State of Montana showing compliance with the corporation laws of this state, if incorporated.
- \$100 license fee.
- Biographical Affidavit of each principal officer.

https://www.naic.org/documents/industry_ucaa_form11.pdf

DATED _____

(Signature)

(Title)

All documents and application can be emailed to csiexams@mt.gov 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.