

RATING ORGANIZATION  
STATEMENT OF COMPLIANCE TO SECTION 33-16-402, MCA

This is to certify that the \_\_\_\_\_, a rating organization organized under the laws of \_\_\_\_\_, in order to obtain and retain a license in the state of Montana, agrees that it will:

1. permit any admitted insurer to become a member of or a subscriber to its rating organization at a reasonable cost and without discrimination or withdraw therefrom;
2. neither have nor adopt any rule or exact any agreement, the effect of which would be to require any member or subscriber, as a condition to membership or subscribership, to adhere to its rates, rating plans, rating systems, underwriting rules, or policy or bond forms;
3. neither adopt any rule nor exact any agreement, the effect of which would be to prohibit or regulate the payment of dividends, savings, or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members, or subscribers;
4. neither practice nor sanction any plan or act of boycott, coercion, or intimidation;
5. neither enter into nor sanction any contract or act by which any person is restrained from lawfully engaging in the insurance business;
6. notify the commissioner promptly of every change in its constitution, its articles of incorporation, agreement, or association, and of its bylaws and rules governing the conduct of its business; its list of members and subscribers; and the name and address of the resident of this state designated by it upon whom notices or orders of the commissioner or process affecting such organization may be served;
7. comply with the provisions of 33-16-105 and 33-16-203, MCA.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Officer of Organization

\_\_\_\_\_  
Title

State of \_\_\_\_\_)  
: ss.  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me \_\_\_\_\_, known to be an officer of the organization that executed the above statement on behalf of the organization.

\_\_\_\_\_  
Notary Public for the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Seal)

STATE OF MONTANA  
Commissioner of Securities and Insurance  
Office of the State Auditor  
840 Helena Avenue  
Helena, Montana 59604-4009

**APPLICATION FOR CERTIFICATE OF AUTHORITY - RATING ORGANIZATION**

\_\_\_\_\_  
NAME OF RATING ORGANIZATION

\_\_\_\_\_  
HOME OFFICE ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE # FAX # FEIN #

\_\_\_\_\_  
Email Address

Date of organization or incorporation \_\_\_\_\_

State of Domicile \_\_\_\_\_

The following documents must accompany this application form:

- ( ) Certified copy of the constitution, articles of incorporation, agreement or association and by-laws and rules governing the conduct of business.
- ( ) Most recent list of members and subscribers.
- ( ) Statement of qualifications as a rating organization (form enclosed).
- ( ) \$100.00 license fee.
- ( ) Name and address of a Montana resident upon whom notices and orders of the Commissioner may be served.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Print Name of Officer

\_\_\_\_\_  
Title of Officer