

STATE OF MONTANA  
Commissioner of Securities and Insurance  
Office of the State Auditor  
840 Helena Avenue  
Helena, Montana 59601

APPLICATION REQUIREMENTS FOR LICENSURE AS A  
REINSURANCE INTERMEDIARY

§33-2-1701 through §33-2-1709, Montana Code Annotated

- 1) Please complete the application form (copy enclosed).
- 2) If a partnership, corporation, or association, please include a copy of the partnership agreement, articles of incorporation, or articles of association.
- 3) Submit a biographical affidavit for each individual, member, officer, or owner of the applicant and each person to be authorized to act under the license.  
[https://csimt.gov/wp-content/uploads/industry\\_ucaa\\_form11\\_updated.pdf](https://csimt.gov/wp-content/uploads/industry_ucaa_form11_updated.pdf)
- 4) Submit a signed copy of each written contract which includes a cover sheet identifying page number and specific section or paragraph that demonstrates compliance with provisions required under Section 33-2-1702 (for brokers) or 33-2-1705 (for managers), MCA.
- 5) Provide evidence that a fidelity bond is maintained in the amount not less than \$50,000 for the protection of each reinsurer (applies to managers only).
- 6) Provide evidence that a policy for errors and omissions is maintained in an amount not less than \$100,000 (applies to managers only).
- 7) Provide a brief explanation of your plan of operation for Montana.
- 8) If applicant is a resident and an individual, partnership, or association, file a certified copy of your Certificate of Assumed Business Name obtained from the Montana Secretary of State.
- 9) Please provide an audited balance sheet and income statement for the most recent complete calendar or fiscal year.
- 10) If applicant is a nonresident, file a statement from your state of domicile insurance department stating whether any taxes, licenses, fees, or other material obligations, prohibitions, or restrictions would be imposed upon a like Montana applicant. Montana laws are retaliatory. The same fee charged by your state of domicile for a reinsurance intermediary license must be included in this application.
- 11) Complete a service of process form (nonresidents only). <https://csimt.gov/service-of-process>



10. Give name of all persons who will be authorized by applicant to act under the certificate and the relationship of each to applicant.

NAME

RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the applicant agree that, if licensed is issued, only those persons named in this application will transact insurance under this license? YES NO

12. Name of Application Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DO YOU, AS APPLICANT, AND ALL PERSONS NAMED (IN ITEMS NO. 8 AND 9 ABOVE) AGREE AS FOLLOWS:

- 1. To obtain a written contract between you and each insurer as required under Section 33-2-1702 or 33-2-1705, MCA, and to retain such agreement for its duration and for 10 years thereafter? \_\_\_\_\_
- 2. To contain in the required written contract provisions which include the requirements of 33-2-1702 or 33-2-1705 insofar as they relate to the functions performed by you? \_\_\_\_\_
- 3. To maintain in accordance with prudent standards of insurance recordkeeping, adequate books and records of all transactions between you, the insurers, and the insured persons, for the duration of the required written contract and for 10 years thereafter? \_\_\_\_\_
- 4. To maintain a policy on errors and omissions in an amount not less than \$100,000? \_\_\_\_\_ (Managers only)
- 5. Maintain a fidelity bond for the protection of the reinsurer in an amount no less than \$50,000? \_\_\_\_ (Managers only)

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

) ss.

County of \_\_\_\_\_

\_\_\_\_\_(name) being duly sworn, depose that I am the \_\_\_\_\_(title of official capacity) of the above-named applicant and that the foregoing is a full, true, and correct statement of all the facts concerning this application. I understand that any false statement contained in any document concerning this application may subject all licenses issued to me and this organization to suspension, or revocation, or other administrative action.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC for the state of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_