

**MONTANA DEPARTMENT OF INSURANCE**

840 Helena Avenue  
Helena, MT 59601

**RISK RETENTION GROUP REGISTRATION APPLICATION**

**Section 1: Risk Retention Group Information**

- 1. Exact name of Risk Retention Group \_\_\_\_\_  
\_\_\_\_\_
- 2. Other names under which the Risk Retention Group is or may be doing business in this state or any other state if different than above \_\_\_\_\_
- 3. Principal place of business
  - a. Street address \_\_\_\_\_
  - b. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - c. Mailing address \_\_\_\_\_
  - d. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 4. NAIC Identification Number \_\_\_\_\_  
Federal Employer Identification Number \_\_\_\_\_
- 5. Phone number \_\_\_\_\_ Fax number \_\_\_\_\_
- 6. Contact person & title \_\_\_\_\_
- 7. a. Domiciliary state \_\_\_\_\_  
b. Date of registration in domiciliary state \_\_\_\_\_  
c. Form of organization or corporation \_\_\_\_\_
- 8. List the names, addresses, and occupations of the principal officers and directors of the Risk Retention Group. Attach additional page(s) if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List the name, address and telephone number of the company responsible for management of the insurance operations of this Risk Retention Group.

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10. Lines of insurance authorized to engage in under the laws of its chartering state.

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11. List the states where business will be transacted.

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12. Ownership of the Risk Retention Group consists of one or the other of the following:

(Check one)

the owners of the Group are the only persons who comprise the membership of the Group and who are provided insurance by the Group;

the sole owner of the Group is \_\_\_\_\_  
(Give name and address of the owner)

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## Section II: Agent Information

A person acting or offering to act as a producer for a Risk Retention Group that solicits members, sells insurance coverage, purchases coverage for its members located within the state of Montana, or otherwise does business in Montana shall, before commencing such activity, obtain an insurance producer license from the Montana Commissioner of Insurance.

1. Name and address of insurance producer \_\_\_\_\_  
\_\_\_\_\_

2. Type of license held

a. Resident producer: License number \_\_\_\_\_

b. Non-resident producer: License number \_\_\_\_\_

## Section III: Risk Retention Group Statements (check the appropriate answer.)

1. The primary activity of this Risk Retention Group consists of assuming and spreading all or any portion of the liability exposure of its members. Yes \_\_\_\_\_ No \_\_\_\_\_

2. The Risk Retention Group is organized for the primary purpose of conducting the activity under (1) above. Yes \_\_\_\_\_ No \_\_\_\_\_
3. The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such a person.  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. The Risk Retention Group has attached a copy of the certificate of charter issued by the state of domicile. Yes \_\_\_\_\_ No \_\_\_\_\_
5. The Risk Retention Group has designated the Montana Insurance Commissioner to be its agent solely for the purpose of receiving service of legal documents or process against it (GROUP.SP).  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. The Risk Retention Group has submitted to the Montana Insurance Commissioner, as part of this application and before it has offered any insurance in Montana, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner (Director, Superintendent) of its chartering state. This plan of study discloses the name of the state in which the Group is chartered, as well as the Group's principal place of business, and such plan or study further includes the coverages, deductibles, coverage limits, rates and rating classification systems for each line of insurance the Group intends to offer. The Group will promptly submit to the Montana Insurance Commissioner any revisions of such plan or study to reflect any changes to the plan including, but without limitation, change in the designation of the Group's chartering state. Yes \_\_\_\_\_ No \_\_\_\_\_
7. The Risk Retention Group will comply with the unfair claim settlement practices laws of Montana.  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such Group under the laws of Montana. Yes \_\_\_\_\_ No \_\_\_\_\_
9. The Risk Retention Group will submit a copy of each examination of the Risk Retention Group as certified by the insurance regulatory official of the state in which the examination was conducted or public official conducting the examination. Yes \_\_\_\_\_ No \_\_\_\_\_
10. The Risk Retention Group will submit to an examination by the Montana Insurance Commissioner to determine the Group's financial condition, if:
  - a) the Insurance Commissioner (Director, Superintendent) of the Group's chartering state has not begun or has refused to initiate an examination of the Group; and
  - b) any such examination by the Insurance Commissioner (Director, Superintendent) is coordinated so as to avoid unjustified duplication and unjustified repetition.Yes \_\_\_\_\_ No \_\_\_\_\_

11. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Montana Insurance Commissioner upon a finding of financial impairment or in a voluntary proceeding. Yes \_\_\_\_\_ No \_\_\_\_\_
12. The Risk Retention Group will comply with the laws of Montana concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction. Yes \_\_\_\_\_ No \_\_\_\_\_
13. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Insurance Commissioner alleging that the Group is in hazardous financial condition or is financially impaired. Yes \_\_\_\_\_ No \_\_\_\_\_
14. The Risk Retention Group will provide the following notice, in 10-point type, on the front page and the declaration page, the following notice:

“NOTICE

This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your Risk Retention Group.”

Yes \_\_\_\_\_ No \_\_\_\_\_

15. The Risk Retention Group will submit a copy of its annual financial statement to the Montana Insurance Commissioner by March 1 of each year. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist under criteria established by the National Association of Insurance Commissioners (NAIC.) Yes \_\_\_\_\_ No \_\_\_\_\_
16. The Risk Retention Group will submit a copy of any audit performed with respect to the Risk Retention Group. Yes \_\_\_\_\_ No \_\_\_\_\_
17. The Risk Retention Group will submit such information as may be required to verify the group’s continuing qualification as a Risk Retention Group under subsection (7) of 33-11-102, Montana Code Annotated. Yes \_\_\_\_\_ No \_\_\_\_\_
18. The Risk Retention Group will not solicit or sell insurance to any person in Montana who is not eligible for membership in the Group. Yes \_\_\_\_\_ No \_\_\_\_\_
19. Has any person transacting business on behalf of this Risk Retention Group ever:
  - a. been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. been denied any application for a professional, vocational or business license?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. has had any such license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

d. has had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any part of question 19 is **yes**, attach a supplementary statement explaining in full each occurrence.

**Section V: Affirmation and Execution**

I do hereby swear and affirm that the aforementioned statements and information are true and correct.

\_\_\_\_\_  
(Risk Retention Group Name)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ .

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

**APPOINTMENT OF ATTORNEY TO ACCEPT  
SERVICE OF PROCESS**

\_\_\_\_\_ (Name of Company), appoints THE DULY ELECTED STATE AUDITOR AND COMMISSIONER OF INSURANCE OF THE STATE OF MONTANA as its attorney to receive service of legal process issued against it in the State of Montana. The Company authorizes the Commissioner, or, in the Commissioner's absence, an employee of the Commissioner, to acknowledge service of legal process on behalf of the Company in this state. The Company does consent and agree that any lawful process against it that is served upon the Commissioner as appointed attorney shall have the same legal force and validity as if served upon the Company. The Company waives all claim or right of error by reason of acknowledgement of service. This appointment is irrevocable, binds the Company and any successor in interest or to the assets or liabilities of the Company, and remains in effect as long as there is in force in the State of Montana any contract made by the Company or obligations arising from a contract. The Company is duly organized under the laws of the State of \_\_\_\_\_ and has been admitted or is applying for authority to transact insurance in the State of Montana.

IN WITNESS WHEREOF, the said Company has to these presents affixed its corporate seal and caused the same to be subscribed and attested by its President and Secretary at the City of \_\_\_\_\_, in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Name and address of the person to whom Service of Process is to be forwarded.