

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.

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

11. List the states where business will be transacted.

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)

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.
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 Montana law. 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 _____

