

REQUIREMENTS FOR SURPLUS LINES INSURERS

To become eligible to write Surplus Lines business in Montana, you must comply with the following general requirements. Note that requirements differ for foreign and alien insurers.

FOREIGN INSURERS must appear on the Commissioner's most recent list of eligible surplus lines insurers before they can begin writing any business in the state of Montana. The list is revised quarterly.

ALIEN INSURERS list of eligible surplus lines insurers is revised by the NAIC.

FOREIGN INSURERS

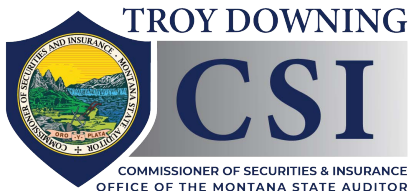
1. Fill out the Service of Process form:
<https://csimt.gov/wp-content/uploads/Form-12.pdf>
2. Submit a current certificate from the Commissioner of Insurance in the insurer's domicile state showing the insurer is authorized to transact the kinds of insurance proposed to be transacted in the state of Montana.
3. Maintain capital and surplus or its equivalent under the laws of its state of domicile of no less than \$15 million.
4. Provide the Commissioner of the state of Montana a copy of its current Annual Statement and a copy of the insurer's most recent quarterly statement.
5. Provide the Commissioner with a description of the products the insurer plans to sell in Montana and provide the Commissioner with a detailed description of the insurer's proposed market plan.

ALIEN INSURERS

Insurer's name must appear on the NAIC's most recent quarterly "Financial Review of Alien Insurers' list.

NOTE: All surplus lines business **MUST** be written through a Montana Insurance Department authorized Surplus Lines Producer. (See Section 33-2-306, MCA.) Any licensed resident or nonresident property/casualty producer may apply for a Surplus Lines Producer License. Contact the Agent Licensing Bureau to obtain the applicable forms.





FOREIGN INSURER SURPLUS LINES ELIGIBILITY APPLICATION

APPLICANT COMPANY'S NAME: _____

HOME OFFICE ADDRESS: _____
(Street or PO Box)

(City) (State) (Zip) (NAIC Number)

(FEIN Number)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____
(Street or PO Box)

(City) (State) (Zip)

NAME AND PHONE NUMBER OF CONTACT PERSON:

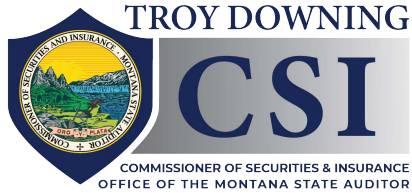
DATE INCORPORATED : _____ DATE OF DOMICILE: _____

ARE YOU A SUBSIDIARY? YES _____ NO _____

ARE YOU A PARENT COMPANY? YES _____ NO _____
If yes, list insurance subsidiaries (attach separate sheet, if necessary).

HAS ANY ADMINISTRATIVE ACTION EVER BEEN TAKEN AGAINST YOU IN ANY OTHER
STATE? If yes, please explain. YES _____ NO _____





HAVE YOU EVER BEEN FINED IN ANY OTHER STATE?

If yes, please explain. YES _____ NO _____

Herewith submitted are the following documents:

- Current Annual Statement
- Current Quarterly Statement
- Certificate of Authority, Domiciliary State
- Completed Service of Process form
- Descriptions of products to be sold in Montana and proposed marketing plan

DATED _____

Name & Title of Officer

Signature of Officer

Montana Code Annotated link:

https://leg.mt.gov/bills/mca/title_0330/chapters_index.html

Link for the current Approved Risk List Montana Surplus Lines Agents' Association:

<https://csimt.gov/wp-content/uploads/Approved-Risk-5-6-19.pdf>

