

Montana Commissioner of Securities and Insurance
Office of the State Auditor
840 Helena Avenue
Helena, MT 59601

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 OR ALIEN 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.

FOREIGN INSURERS

1. Confirm appointment of the Commissioner of the state of Montana as insurer's attorney to receive service of process and designate the name and address of the person to whom process against the insurer, served upon the Commissioner of Insurance is to be submitted. Service of Process link is found on page 6.
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.

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.

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ALIEN INSURERS

1. 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.

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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 _____
(Street or PO Box)

(City) (State) (Zip)

Name and Phone Number of Contact Person _____

DATE INCORPORATED _____ STATE OF DOMICILE _____

ARE YOU A SUBSIDIARY? YES _____ NO _____
If yes, list ultimate parent company _____

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?
YES _____ NO _____ If yes, please explain.

HAVE YOU EVER BEEN FINED IN ANY OTHER STATE? YES _____ NO _____
If yes, please explain.

Herewith submitted are the following documents:

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

DATED _____

(Name & Title of Officer)

(Signature of Officer)

~~ CERTIFICATION ~~

I, _____, hereby certify that I am the duly appointed and qualified
(Name)
_____ of _____, a corporation existing under the
(Officer) (Name of Company)

laws of the State of _____ and that _____ hereby agrees to
(Domicile) (Name of Company)

abide by Montana surplus lines statutes, all other applicable statutes in Title 33, Montana Code Annotated and will only produce business in Montana through a Montana licensed surplus lines producer.

IN WITNESS WHEREOF, I have hereunto set my hand as _____ of the said corporation this ____ day of _____, 20__.

Name

Title

Insurance Company

Link for the current Approved Risk List/White List

<http://csimt.gov/wp-content/uploads/ApprovedRiskList.pdf>

Link for the Service of Process form

<http://csimt.gov/wp-content/uploads/service-of-process-form-2018-SPL-Insurer.pdf>

Montana Code Annotated link

http://leg.mt.gov/bills/mca/title_0330/chapter_0020/part_0030/sections_index.html