MONTANA SURPLUS LINES
ENDORSEMENT / CANCELLATION COVER SHEET
Stamping Fee of 0.025% for Paper Filing

Is this a multi-state risk? _____ Yes _____ No Is Montana the Home State? _____ Yes _____ No
If Montana is not the Home State, is 100% of the risk located in Montana (entire premium)? _____ Yes _____ No
If Montana is the Home State, is 100% of the risk located in another state or foreign country (entire premium)? _____ Yes _____ No
If Montana is not the Home State, the entire risk is out of Montana, or less than 100% of the risk is located in Montana, no filing is required. If Montana is the Home State or if 100% of the risk (entire premium) is located in Montana, the entire premium must be filed with the Montana Commissioner of Insurance.

THIS FORM IS TO BE USED FOR PAPER FILINGS ONLY – A 0.025% (1/4) STAMPING FEE WILL BE ASSESSED FOR FILINGS WITH THIS FORM – RETAIN A COPY FOR YOUR RECORDS

NOTICE: ALL FIELDS IN THE PAPER FILING MUST BE COMPLETED, PER INSTRUCTIONS, TO SUBMIT THE FILING TO THE CSI

NAME OF INSURED _____

ENDORSEMENT # _____ OR CANCELLATION o (check if cancellation)

INSURER_____ POLICY #_____

EFFECTIVE DATE _____ EXPIRATION DATE _
EX:01/01/08 EX:01/01/09

ENDORSEMENT/CANCELLATION EFFECTIVE DATE* _____
EX:01/01/08

***** Enter the day prior to effective date of policy for a flat cancellation of the policy

NOTICE: Under Montana law, inspection fees for the actual cost of inspecting the risk to be covered may be charged. Other fees, such as placement fees or policy fees, are not permitted.

PREMIUM (ADDITIONAL RETURN) _____
o (Check One) o

FIRE PREMIUM _____

INSPECTION FEE _____

PREMIUM TAX 2.75% _____

FIRE TAX 2.5% _____

***STAMPING FEE 0.025%** _____

***(Only returned if flat cancellation prior to the effective date of the policy)**

SURPLUS LINES PRODUCER: _____ **SL PRODUCER**
_____ **AGENCY NAME**
_____ **ADDRESS**
_____ **CITY/ST/ZIP**

SURPLUS LINES INDIVIDUAL LICENSE NO. _____

For Office Use Only:

Per Montana Code Annotated 33-2-308