MONTANA SURPLUS LINES SUBMISSION FORM (Excludes Independently Procured Policies)

NOTICE: Complete entire submission form. Do not leave any blanks. Write "NA" if any question is "not applicable." Incomplete submission forms will be returned.

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.

INSURED: _____ POLICY NUMBER: _____

MT ADDRESS: _____ ← MT RISK LOCATION ONLY

_____ ← MT RISK LOCATION ONLY

IS THIS FILED ON A BINDER?
YES ☐ **NO** ☐

Part 1: Affirmation of Producing Insurance Producer Section

The undersigned hereby affirms that the insurance, which is subject to this affirmation, is in accordance with Title 33, Section 33-2-301 et seq., MCA, the Surplus Lines Insurance Law of the State of Montana. The insurance which is the subject of this affirmation was not procured for: 1) The purpose of securing advantages as to the terms of the insurance contract and; 2) the purpose of obtaining a lower premium rate than would be accepted by the authorized insurer except as provided in MCA 33-2-302 (2) (a) (iii) (A) and (b). Furthermore: 1) The insurance which is the subject of this affirmation is a line of insurance which appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance; or 2) Immediately before requesting from an unauthorized insurer the insurance which is the subject of this affirmation, I endeavored diligently and unsuccessfully to secure equivalent coverage from authorized insurers holding certificates of authority to transact this line or the full amount of the line of insurance in the State of Montana. and; 3) I am aware that prior to placing the insurance that the surplus lines insurer with whom the insurance is placed is not authorized in this state and is not subject to the same supervision as an authorized insurer; and in the event of the insolvency of the surplus lines insurer, the property and casualty guaranty fund of the state will not pay losses under the surplus lines coverage

Is the risk included on the most recent Approved Risk List? ☐ YES or ☐ NO If so, in which category? *(Ex: GL-01)* _____

If not included on the most recent ARL describe: **1)** Type of Risk _____

1a) EXPLAIN in detail why insurance for this risk is unavailable from an authorized insurer: *(COMPLETE SENTENCE)*

_____

2) Indicate prior insurer:_____ **2a)** Explain why the prior insurer, if an authorized insurer, did not renew:

_____

2b) If a renewal was offered, what was the renewal quote? _____ (*IF NONE PUT "NONE"*)

3) Are you filing using the 10% AND $1500 exception? (33-2-302(2)(a)(iii)(A) and (b) MCA) (Y or N)_____ *(DILIGENT EFFORT IS REQUIRED)*

(**If YES, you are affirming: 1.** I have provided the insured with the disclosure information on the form approved by the Commissioner. **2.** The unauthorized market quote was placed with a surplus lines company that is eligible under 33-2-307 MCA. **3.** The authorized market quote(s) that were used were the lowest premium from the diligent effort. **4.** The difference between the authorized market quote(s) and the unauthorized market quote(s) meet both the 10% AND the $1500 requirements. **5.** I listed the lowest quotes obtained from the authorized market search in #4 below.)

4) Is the insured an Exempt Commercial Purchaser? _____YES _____NO, If "No" List a minimum of **three** authorized insurers you contacted for your diligent efforts to place this insurance,:

A._____ **B.**_____ **C.**_____
$**_____ **$ _____ **$**_____

I, _____, I am one and the same person whose name is subscribed below; that I have read the same and know the contents thereof; and that the statement of facts contained herein are true.

Agency Name **Address of Producing Insurance Producer**

X_____

Signature of Producing Insurance Producer **Date** **Montana Producer/Agency License #**

PART 2: Montana Surplus Lines Insurance Producer Section

I,_____, affirm that: 1) I am the producer that placed this risk with the unauthorized insurer; 2) this line of insurance appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance or that I have, to the best of my ability, attempted to place this line of insurance through an authorized insurer and am unaware of any authorized insurer transacting this line or the full amount of this line of insurance in Montana; and 3) I have complied with MCA 33-2-302.

Printed SL Agency Name or Independently Procured Insured Name **Address of SL Agency**

X_____ **#**_____

Signature of SL Lines insurance producer **Date** **MT Surplus Lines License #**

PART 3: Premium / Tax / Fee Information Section- Montana is the Home State – no filing required if MT is not the home state

Name of Unauthorized Insurer(s):_____ Lloyds Syndicate # _____

Policy Period From: _____ To:_____ Limits of Coverage: $_____

If this policy is a multi-year policy with the policy term greater than 12 months, this form is to be completed only in the initial year of the policy. For all Subsequent years report policy premium on the Montana Surplus Lines Multi-Year Policy Premium Form

Policy Premium*: **$** _____ Fire Premium*: **$** _____

Premium Tax: (2 .75%) **$** _____ Fire Tax (2.5%): **$** 0.00

Stamping Fee: (0.025%) $ 0.00 Inspection Fee: **$** _____

FOR OFFICE USE ONLY:

ACCEPTED STAMP ONLY

*Only premium associated with risks located in the United States and Territories of the United States are reported on this form.

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.

IF FILING ON PAPER SEND: THE ORIGINAL SUBMISSION PLUS 1 COPY AND 1 COPY OF DECLARATION PAGES AND/OR 1 COPY OF THE BINDER. SEND TO: COMMISSIONER OF SECURITES AND INSURANCE AT 840 HELENA AVENUE, HELENA, MT 59601