

[Company Name]

MONTANA CERTIFICATION OF COMPLIANCE

Re: Form(s) _____

I, [Officer's name] of the [Company name],

Hereby certify that, to the best of my knowledge and belief, the policy, contract form, certificate, enrollment form, application form, printed rider or endorsement form, or form of renewal certificate, as referenced above, complies with the applicable provisions of Montana Code Annotated Title 33.

Officer's Signature

Date

Title

e-mail address

Telephone number

Mailing address

City, State, Zip