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APPLICATION FOR CONSULTANT'S LICENSE

(Should be filled in with typewriter or ink)

TO THE INSURANCE COMMISSIONER OF THE STATE OF MONTANA:

* Application Fee \$50.00

The undersigned hereby applies for a license to act as: () RESIDENT () NON-RESIDENT insurance consultant pursuant to the provisions of Section 33-17-501 through 33-17-513, Montana Code Annotated, for the kinds of insurance checked.

____ Life ____ Disability ____ Property ____ Casualty ____ Vehicle
 ____ Surety ____ Title

1. Name of Applicant: _____
2. Business Address: _____
3. Mailing Address: _____
4. Residence Address: _____
5. Sex: _____ SS#: _____ DOB: _____
6. Home Phone#: _____ Work Phone #: _____
7. Do you intend to engage in any business or occupation other than as an insurance consultant? _____

State
 Nature:

8. On below form give in detail previous residence, employment, etc., for the past five years.

From _____ To _____ Residence Showing _____
 Name and Address _____

Employer's Line _____

If not employed by Month/Year _____ Month/Year _____

All Changes Made of Employer _____

of Business _____
Others _____
Give Occupation _____

9. Kinds of insurance for which you have previously licensed as a consultant, if any?

Give state and years so licensed:

If member of firm, give firm name and address:

ALL QUESTIONS MUST BE ANSWERED

CONTINUED ON OTHER SIDE

10. a) If you have been licensed previously, or have applied for a license as an insurance consultant (or agent) in this or another state, territory or province, has your license ever been revoked, refused, suspended or otherwise held up? _____ if so, give causes and circumstances.

b) To your knowledge, have any complaints been made against you to the insurance department(s) of this or any such state, territory or province?

_____ if so, give nature of complaints and circumstances:

c) Have you ever withdrawn any such application or surrendered any such license to avoid disciplinary action against such license or application?

If so, give nature and circumstances:

11. Have you ever been charged with theft, embezzlement, failure to account, or with any other irregularities in money transactions? _____ if so, give details.

12. Have you ever been arrested or indicted for, or convicted of any crime?

If so, give details:

13. Has applicant ever had an agency contract cancelled? _____

If so, by what company?

Reasons for cancellation: _____

14. Have you or any firm of which you were a member, ever made a general assignment for the benefit of creditors, been insolvent, or been adjudged a bankruptcy? _____ If so, give details: _____

15. Are you familiar with the laws of Montana governing the licensing of insurance consultants and the penalties provided for the violations of the law? _____
16. Please state full information as to qualifications for licensing, special designations, etc.

17. Do you understand that the Insurance Commissioner has full authority to suspend or revoke any license issued to you under this application, at any time, as a penalty for the violation of the Insurance Laws of Montana, or the rules of the Insurance Department? _____
18. Do you understand that you are not to represent yourself as an insurance consultant until a license has been issued to you by the Insurance Department? _____
19. Do you understand that an insurance consultant may not receive any fee for examining, appraising, reviewing or evaluating any insurance policy, bond, annuity or pension or profit-sharing contract, plan or program or for making recommendations or giving advice with regard to any of the above, unless the compensation is based upon a written memorandum signed by the party to be charged and specifying or clearly defining the amount or extent of the compensation? _____
20. Do you understand that no person licensed as an insurance consultant may receive any compensation, direct or indirect, as a result: (1) of the sale of insurance or annuities to, or (2) the use of securities or trusts in connection with pensions for, any person to whom any licensee has performed any related consulting service for which he has received a fee within the preceding twelve (12) months? _____
21. Do you understand that no person licensed as an insurance consultant may recommend or encourage the purchase of insurance, annuities or securities from any authorized insurer in which he or any member of his immediate family holds an executive position or holds a substantial interest?

NON-RESIDENT APPLICANTS MUST COMPLETE ITEMS 21 THROUGH 23

22. Does your state allow Montana consultants to hold a Non-resident license issued by your Insurance Department? _____
23. Do you understand that the licensee may not enter the State of Montana to solicit business, inspect risks, or otherwise conduct business in this state, unless the state of the licensee's domicile grants similar privileges to residents of Montana holding Non-resident licenses issued by such other state? _____
24. I, _____ hereby appoint the Commissioner of Insurance of the State of Montana, as my attorney to receive service of legal process issued against me in the State of Montana upon causes of action arising with the State of Montana out of transactions under my Non-resident consultant's license; I further certify that service of legal process upon the Commissioner as my attorney and shall constitute effective legal service upon me as a Non-resident consultant and that the appointment shall be irrevocable for as long as there can be any cause of action against me arising out of my insurance transactions in/or with respect to the State of Montana.

TYPE OR PRINT NAME OF APPLICANT:

Signature of Applicant:

Date: _____