



**Monica J. Lindeen**  
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## **PROCEDURE FOR NON-RESIDENT BUSINESS ENTITY**

1. **FILE WITH MONTANA SECRETARY OF STATE** to qualify as a Foreign Corporation PRIOR to making application with the Montana Insurance Department.

CONTACT: Montana Secretary of State  
Corporation Department  
Capitol Building  
Helena, MT 59624  
Telephone No. (406) 444-3665

2. **NAIC Uniform Business Entity Application** must be completed on behalf of the applicant business entity
3. **PRODUCERS - NOT BROKERS** are licensed in Montana. Brokering is not permitted in this state. We require that the applicant be appointed as an agent in the applicant's state of residence for any insurance company requesting an appointment for the applicant in Montana.
4. **FEE**: \$100

**APPOINTMENTS**. Each insurer you intend to place business with in Montana must first appoint your business entity PRIOR to soliciting or the placing of that insurance.

### **AMENDMENT OF LICENSE**

The license must be amended at any time you wish to add or delete individuals from the license.

1. **DELETION OF INDIVIDUALS FROM THE LICENSE**

Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the deletion. There is no fee to remove an individual from the business entity license.

2. **TO ADD INDIVIDUAL TO THE LICENSE**

Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the individual(s) be added.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity Insurance License/Registration (Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

<b>①</b> Business Entity Name		<b>②</b> Incorporation/Formation Date (month) ___ (day) ___ (year) ____		<b>③</b> FEIN -	
<b>④</b> If assigned, National Producer Number (NP#)			<b>⑤</b> If applicable, FINRA Firm Central Registration Depository (CRD)		
<b>⑥</b> List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			<b>⑦</b> State of Domicile		<b>⑧</b> Country of Domicile
<b>⑨</b> Is the business entity affiliated with a financial institution/bank?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>⑩</b> Business Address		<b>⑪</b> City		<b>⑫</b> State	<b>⑬</b> Zip Code
<b>⑮</b> Phone Number (include extension) ( ) - ( ) - ( ) - ( )		<b>⑯</b> Fax Number ( ) - ( ) - ( ) - ( )		<b>⑰</b> Business Web Site Address	
<b>⑱</b> Business E-Mail Address					
<b>⑲</b> Mailing Address		<b>⑳</b> P.O. Box		<b>㉑</b> City	<b>㉒</b> State
				<b>㉓</b> Zip Code	<b>㉔</b> Foreign Country

### Designated/Responsible Licensed Producer

**㉕** Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See *Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.*)

Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____

### Owners, Partners, Officers and Directors

**㉖** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No

(State Use)

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## Uniform Application for Business Entity Insurance License/Registration

### Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

27) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration Types:** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer    Y – Business Entity

**Lines of Authority:** V – Variable Life/Variable Annuity    L – Life    H – Accident & Health or Sickness    P – Property    C – Casualty    PL – Personal Lines

Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	Y	V	L	H	P	C	PL
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
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WV																
WY																

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## Uniform Application for Business Entity Insurance License/Registration

### Background Information

29) Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit arbitration, or mediation proceedings and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- copies of all relevant documents.

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## Uniform Application for Business Entity Insurance License/Registration

### Applicant's Certification and Attestation

- 30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
  2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
  3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
  4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
  5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
  6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
  7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
  8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

### Attachments

- 31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
  2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).