

MONTANA SURPLUS LINES SUBMISSION FORM

INSURED: _____ POLICY NUMBER: _____
 MT ADDRESS: _____ ←MT LOCATION ONLY
 _____ ←MT LOCATION ONLY

IS THIS FILED ON A BINDER ?
 YES NO

Part 1: Affidavit of Producing Insurance Producer Section

The undersigned hereby certifies upon oath and before a notary public that the insurance which is the subject of this affidavit 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 affidavit 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 (1) (d) (i) and (2). Furthermore: 1) The insurance which is the subject of this affidavit 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 affidavit, 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 have expressly advised the insured 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? 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(1)(d)(i) and (2) MCA) NO _____ (DILIGENT EFFORT IS REQUIRED)

If YES, the financial stability rating system used was _____ and the rating was A _____ as of _____ (effective date).



(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 "A" rated or better. 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) List a minimum of three authorized insurers you contacted for your diligent efforts to place this insurance:

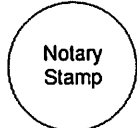
A.	B.	C.
\$ _____	\$ _____	\$ _____

I, _____, being of lawful age and being first duly sworn, on oath, depose and say that I am one and the same person whose name is subscribed to this affidavit; 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 # _____

Subscribed and sworn to before me this _____ Day of _____ Year _____
 X _____
 Notary Public for the State of _____
 Residing at _____ Commission Expires _____



Part 2: Affidavit of Montana Surplus Lines Insurance Producer Section

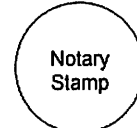
The undersigned hereby certifies upon oath and before a notary public that the insurance which is the subject of this affidavit is a line of insurance which appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance or that I have, to the best of my ability, attempted to place or procure the line of insurance through an authorized insurer and am unaware of any authorized insurers actually transacting this line or the full amount of the line of insurance in Montana or is in compliance with MCA 33-2-302(1)(d)(i) and (2).

I, _____, being of lawful age and being first duly sworn, on oath, depose and say that I am one and the same person whose name is subscribed to this affidavit; that I have read the same and know the contents thereof; and that the statement of facts contained herein are true. I affirm that I am the producer that placed this risk with the unauthorized insurer.

Agency Name _____ Address as it appears on the MT Surplus Lines License _____

X _____ # _____
 Signature of Surplus Lines Producer _____ Date _____ MT Surplus Lines License Number _____

Subscribed and sworn to before me this _____ Day of _____ Year _____
 X _____
 Notary Public for the State of _____
 Residing at _____ Commission Expires _____

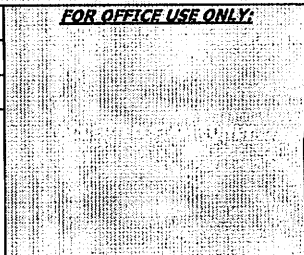


Part 3: Premium / Tax / Fee Information Section

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

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

Policy Premium: \$ _____	Fire Premium: \$ _____
Premium Tax: (2 ¼%) \$ _____	Fire Tax (2.5%): \$ _____
Stamping Fee: (1%) \$ _____	Inspection Fee: \$ _____



This Version of the Submission Form Will Not Calculate Taxes.

FILLING OUT A MONTANA SURPLUS LINES SUBMISSION FORM

PART ONE

Indicate if Risk is on most recent ARL ____ (yes or no). If yes what is the category? ____ (If risk is on the Approved Risk List (ARL), you do not have to do the diligent search. The most recent ARL can be found on the MSLAA website at www.mslaa.org/formsandmaterials.html and is updated about every 6 months.)

1. Please indicate **Type of Risk** (ex: Log Cabin, Explosive Factory, Chiropractor, Daycare etc.)
 - 1A. A Detailed explanation why the risk is **Not Available** from an authorized insurer. The answer must be detailed or the submission will be sent back to the Surplus Line Producer. Do not use these Reasons Not To Use explanations on the submission form.
2. Please indicate prior insurer (If there is no prior insurer write "None" or "No Prior Insurance" if it is the same write "same insurer". Do not leave the field blank.)
 - 2A. Please indicate why the **Prior Insurer** did not renew (if it is the same insurer then write "same").
 - 2B. If a renewal was offered please list the renewal quote (Premium Only).
3. If you are filing using the 10% AND \$1500 exception (MCA 33-2-302(1)(d)(i) and (2)) put YES or NO
(If you have any questions about this statute please call the stamping office at 406-443-7324 and ask for Nick or the Department of Insurance at 406-444-2040 and ask for Barb Vander Mars).
 - 3A. If you put NO, proceed to #4. If you put YES then list the financial stability rating system that was used to determine if the non-admitted company was equivalent to an "A" rating or higher. (Example: AM Best) Also put the rating that was listed and the effective date of the rating. (DO NOT SEND IN PROOF OF RATING; ONLY KEEP A COPY FOR YOUR RECORDS.)
4. Please indicate the name of the 3 companies that you completed the diligent search with
 - 4A. Only put the dollar amounts if you are using the 10% AND \$1500 exception from question #3.
5. Please indicate **Name of Producer** that placed the business with the customer.
6. Please indicate name of **Agency** and **Address**.
7. Please have **Producer Signs** and **Dates** part one.
8. Please indicate Producers **Montana License Number**.
9. Please have Notary Sign and Stamp Part One.

FILLING OUT A MONTANA SURPLUS LINES SUBMISSION FORM

PART TWO

1. Please indicate **Name of Surplus Lines Producer** that placed the business with the company.
2. Please indicate name of **Agency and Address**.
3. Please have **Surplus Lines Producer Sign and Dates** part two.
4. Please indicate **Surplus Lines Producers License Number**.
5. Please have **Notary Sign and Stamp** part two.

PART THREE

1. Please indicate **Name of Unauthorized Insurance Company (If it is Lloyds then list the syndicate numbers)**

(Note: A list of eligible companies is available at <http://www.msllaa.org/formsandmaterials.html> make sure you check the list before you write business with the insurance company. If the company is not on the list, you will not be able to legally write the risk in the state of Montana).
2. Please indicate **Policy Effective and Expiration Dates**.
3. Please indicate **Limits of Coverage**.
4. Please indicate **Premiums, Inspection Fees and Taxes**. (Note: Directions for calculating Taxes can be found on the MSLAA website at www.msllaa.org/formsandmaterials.html. The Microsoft Word document is interactive and calculates the taxes and fees automatically).

THIS LIST IS JUST SOME OF THE ANSWERS NOT TO USE WHEN ANSWERING QUESTION #1 ON THE MSLAA SUBMISSION FORM (**"EXPLAIN WHY INSURANCE FOR THIS RISK IS UNAVAILABLE FROM AN AUTHORIZED INSURER"**). YOUR ANSWER HAS TO BE A FULL SENTENCE EXPLAINING **WHY** IT WAS NOT ACCEPTED BY THE AUTHORIZED INSURER OR THE SUBMISSION WILL BE SENT BACK TO THE SURPLUS LINE PRODUCER TO BE CORRECTED.

TYPE OF BUSINESS	NOT ACCEPTABLE	NOT WRITTEN
PREMIUM	UNAVAILABLE	TYPE OF RISK
NOT AVAILABLE	DO NOT WANT	ATTACHED
DID NOT MEET UNDERWRITING GUIDELINES	HIGH RISK	UNSUPPORTED RISK
DON'T WANT	RISK FACTOR	DO NOT WANT RISK
LIABILITY	CLASS	MONOLINE GL / MONOLINE POLICY
UNDESIRABLE RISK	WON'T WRITE RISK	NO MARKET
AGE	OLD	LOCATION
UNDERWRITING REASONS	NOT INTERESTED	NATURE OF RISK
NATURE OF INSURED	NATURE OF INSURED AND RISK	UNDERWRITER DID NOT LIKE
DOES NOT QUALIFY	DOES NOT QUALIFY IN MARKET	DO NOT WRITE THIS TYPE OF BUSINESS

IF YOU HAVE ANY QUESTIONS FEEL FREE TO CALL 406-443-7324. THANK YOU.

Approved by the Department of Insurance 4/15/2005