MONTANA SURPLUS LINES SUBMISSION FORM

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

INSURED: _____ POLICY NUMBER: _____

MT ADDRESS: _____ 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). 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%? MCA 33-2-302 (2)(a)(iii)(A) (Y or N)_____*(DILIGENT EFFORT IS REQUIRED)*

(**If YES, you are affirming: 1.** I have provided the insured with the disclosure information required by statute. **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) meets the 10% requirement. **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 t**hree** 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%) **$** 0 Fire Tax (2.50%): **$** 0

Stamping Fee is 0% if filed electronically: Inspection Fee: **$** _____

Personal Lines Surplus Lines Agent fee: $_____ Commercial Lines Surplus Agents Fee $ _____

FOR OFFICE USE ONLY:

ACCEPTED STAMP ONLY

NOTICE: Effective on July 1, 2015, Montana law allows the surplus lines agent to charge up to a $50 tax free fee for personal lines and up to a $100 tax free fee for commercial lines for new and renewal business. Inspection fees for the actual cost of inspecting the risk to be reported on the line above.

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

MONTANA SURPLUS LINES SUBMISSION FORM

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

INSURED: Insured's name/Policy Name

MT ADDRESS: Physical address or risk location

POLICY NUMBER: Policy # shown on declarations page

FILED ON A BINDER Yes ☐ No ☐ (check YES only if we don't have a dec page)

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). 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 Commercial Property, General Liability etc.

1a) EXPLAIN in detail why insurance for this risk is unavailable from an authorized insurer: *(COMPLETE SENTENCE)*
example: Type of risk is not available in the admitted market

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

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

3) Are you filing using the 10%? MCA 33-2-302 (2)(a)(iii)(A) (Y or N) N *(DILIGENT EFFORT IS REQUIRED)*

(**If YES, you are affirming: 1.** I have provided the insured with the disclosure information required by statute. **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) meets the 10% requirement. **5.** I listed the lowest quotes obtained from the authorized market search in #4 below.)

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

A. Admitted carrier Name **B.** Admitted Carrier Name **C.** Admitted Carrier Name

$** Leave blank **$ Leave blank **$** Leave blank

I, Retail Agent's name, 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.

Retail Agent's Agency name — Retail Agent's address

Agency Name — **Address of Producing Insurance Producer**

X Retail Agent's signature — Date signed — Retail Agent's license#

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

PART 2: Montana Surplus Lines Insurance Producer Section

I, Jose Perez de Corcho, 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.

Overby - Seawell Company — 3550 George Busbee Pkwy NW, Kennesaw, GA 30144

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

X Jose's signature — Date Signed — **#** 100113093 (Jose's lic#)

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): example: Fortegra Specialty Insurance Company Lloyds Syndicate # applicable only for Lloyd's policies

Policy Period From: Policy eff date To: Policy exp date Limits of Coverage: $ TIV example: $2M etc..

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: $ Total premium Fire Premium*: $ Fire Coverage premium

Premium Tax: (2 .75%) $ Fire Tax (2.50%): $

Stamping Fee is 0% if filed electronically: Inspection Fee: $ Physical inspection fees if applicable

Personal Lines Surplus Lines Agent fee: $ NA Commercial Lines Surplus Agents Fee $ see notice below

FOR OFFICE USE ONLY:

ACCEPTED STAMP ONLY

NOTICE: Effective on July 1, 2015, Montana law allows the surplus lines agent to charge up to a $50 tax free fee for personal lines and up to a $100 tax free fee for commercial lines for new and renewal business. Inspection fees for the actual cost of inspecting the risk to be reported on the line above.

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