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APPLICATION FOR SURPLUS LINE PRODUCER'S LICENSE

TO THE INSURANCE COMMISSIONER OF THE STATE OF MONTANA:

The undersigned hereby applies for a Surplus Line Producer's License pursuant to the provisions of Section 33-2-305, Montana Code Annotated.

Individual Agency

1. NAME OF APPLICANT: _____ Tax Identification Number: _____

2. BUSINESS LOCATION: _____

3. MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

4. BUSINESS TELEPHONE NUMBER: _____

5. APPLICANTS: _____

List individual(s) to be authorized as surplus lines producers.

Name	Social Security #
_____	_____

6. APPLICANT'S MONTANA INSURANCE PRODUCER LICENSE NUMBER: _____

Signature of Applicant (Officer if corp. applicant)

That he/she is one of the same person whose name is subscribed to this application; that he/she understands "The Surplus Lines Law" as found in Title 33, Chapter 2, Part 3, Montana Code Annotated; that he/she has read the same, knows the contents thereof and all statements of fact herein contained are true.

- Application fee - \$50.00
- Make Check Payable to: MONTANA STATE AUDITOR