

Export List Confirmation / Diligent Search Attestation
Montana

Insured Name _____

Line of Coverage _____

Complete Section A or Section B

Section A

My PURE Programs Underwriter and I agree that this risk is included on the state's most recent version of the Approved Risk List under the following risk category:

Section B

This risk is not on Montana's Approved Risk List. I affirm that this insurance 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) Immediately before requesting this non-admitted insurance, I endeavored diligently and unsuccessfully to secure equivalent coverage from authorized insurers; and
- 2) 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; and
- 3) The results of the diligent search will be promptly provided to PURE Programs in the event it is requested during a regulatory examination.

Producer Name _____

Producer License No. _____

Agency Name _____