Montana State Fund Submission Checklist

What are our Submission Requirements?

The checklist. Please have this information available when you fill out your application for coverage. Remember, incomplete applications will be returned.

- Applicant name and any DBAs
- Applicant mailing address
- Applicant physical address
- Phone
- Email address
- Years in business
- Entity type
- NCCI information
- Risk ID#
- Effective date/expiration date
- Employers' desired liability limits—if left blank, we will quote at basic limits
- Rating information
- Complete duties
- Estimated payroll—please include all elected coverages
- Ownership information
- Name
- Title/relationship/description of duties
- Ownership percentage breakdown (adding up to 100%)
- Inc/Exc.
- Elected amount—if stated, these amounts should be reflected under "estimated payroll"
- Prior carrier(s), past payrolls and premiums
- Nature of business and complete description of operations—at least three sentences
- Group election form—if applicable
- Contact name and phone
- Applicant signature
- Copy of most recent Experience Modifier Worksheet OR signed NCCI release form
- At least three years of currently valued loss runs—five years is preferred

Questions? Call your Customer Service Specialist at 1-800-332-6102.