



Department of Justice

Office of Consumer Protection

P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

Debt Settlement Provider Filing Checklist

Filing Fee: \$250

Use this form as a checklist. Label each of your responses with the corresponding number below. You will be notified in writing of the results of the review of your submissions. You must promptly notify the Office of Consumer Protection of any circumstance that would cause your answers to change. Please note that "You" refers to any person included as part of this application, including any owners, officers, directors or business entities.

Subpart A) Company Information

- A1. Company Name (including LLC, Inc., etc.) _____
- A2. List all DBAs in current use and any formerly used with respect to consumers in the State of Montana _____
- A3. Physical address of each location to be operated as a Debt Settlement Provider

- A4. Provider is organized under the laws of the State of _____
- A5. Date of the Organization _____ / _____ / _____
- A6. Provide the name and residential address of your owners or partners or, if you are a corporation, LLC, or association, the name and residential address of all officers, directors, trustees and managers. Attach a separate sheet if necessary.

- A7. Website address: _____
- A8. **Compliance Contact**

Name _____ Phone (____) ____-____ Email _____

- A9. If you are a corporation, provide proof that you have obtained a certificate of authority to transact business in Montana pursuant to Mont. Code Annot. § 35-1-1026, and provide the full name and address of your registered agent.

Subpart B) Insurance Verification

- B1. Do you maintain insurance coverage for dishonesty, fraud, theft and other misconduct on the part of directors, officers, employees or agents?
Yes ___ No ___
- B2. State the name of the insurer providing coverage for dishonesty, fraud, theft and other misconduct.
- B3. Is the insurer identified in your response to the previous question rated at least A- or its equivalent by a nationally recognized rating agency? Yes ___ No ___
If yes, state the name of the rating agency. _____
- B4. Under Montana law, provider must maintain coverage in the minimum amount of \$100,000 per occurrence, with a deductible of no more than \$10,000 per occurrence. Provide proof that provider's coverage meets this standard.
- B5. Provide a copy of the declarations page for the insurance referred to in your responses to the previous questions.
- B6. If you have had any claims on this policy alleging dishonesty, fraud, theft and other misconduct, please describe the claim, including date, nature of the claim, amount claimed, and resolution of the claim or "pending" if the claim is currently pending.

Subpart C) General Information

- C1. Do you conduct, or intend to conduct, telemarketing in the State of Montana?
Yes ___ No ___
If yes, provide proof of telemarketing registration (required under MCA § 30-14-1404).
- C2. Do you use the services of another person or entity to generate leads and/or solicit potential clients?
Yes ___ No ___
If yes, please include the business name, address, and website of each lead generator with whom you have a business relationship, and describe what contractual or other restrictions you impose with respect to claims, promises, assertions, or other conduct of that entity with respect to consumers referred to you.
- C3. Have you or any of your officers, directors, or principal owners ever had a license disciplined, denied, suspended, or revoked by any unit of this State or any other State within the past five years?
Yes ___ No ___
If yes, provide a detailed explanation with the appropriate documentation.

- C4. Have you or any of your officers, directors, or principal owners ever been enjoined, punished, fined, sued, or investigated for wrongdoing by this State or any other State or the Federal Government within the past five years?
Yes ____ No ____
If yes, provide a detailed explanation with the appropriate documentation.
- C5. Are you or any of your officers, directors, or principal owners currently under investigation by this State, any other State, or the Federal Government?
Yes ____ No ____
If yes, provide a detailed explanation with the appropriate documentation.
- C6. In the last 10 years, have you been, or has any organization or business with which you (or any of your officers, directors, or principal owners) were associated as an officer, director, partner, owner, or otherwise, involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings?
Yes ____ No ____
If yes, provide a detailed explanation with the appropriate documentation.
- C7. What services, if any, does your company provide to the consumer beyond standard debt settlement services? Please describe.

Subpart D) Disclosure

Provide copies of the following documentation:

- D1. Provider's Standard Contract with Debtors.
- D2. The written disclosure required by MCA § 30-14-2102(3)(i-x). (Please note: disclosures in client agreement must be in a minimum size of 12-point font.)
- D3. Any other disclosure forms, budget forms, financial analysis forms, or other standard forms which you use in connection with the process of contracting with Montana consumers.
- D4. Provider's standards for determining which consumers qualify to participate in its debt settlement services.
- D5. Provider's Internal Do-Not-Call Policy (may not violate the provisions of any applicable state or federal do-not-call registry or Title 30, chapter 14, part 5.)
- D6. Provider's Cancellation/Refund Policy (must be in compliance with MCA § 30-14-2103(2))
- D7. Provider's Privacy Policy (must be in compliance with MCA § 30-14-2103(1)(h-i))
- D8. Provide a copy of all fees and charges to be used with Montana consumers, including those of the Provider and any third party designee (such as, but not limited to, Noteworld, affiliated law firms, credit repair organizations, etc.)

- D9. Provider's Most Recent Annual Profit/Loss Statement
- D10. Advertisements published by Provider or made by others, including lead generators, on the provider's behalf, including, but not limited to, telemarketing scripts, screenshots of Internet advertisements, scripts of television and/or radio advertisements, periodicals, newspapers, pamphlets, or any other type of advertisement.

Subpart E) Additional Information

Please provide an annual consolidated report which includes the following information for the previous calendar year:

- E1. The total amount of debt for all individuals for whom you are providing debt settlement services, as of December 31;
- E2. The total principal amount of debt of all individuals who entered into agreements during the previous calendar year;
- E3. The total number of individuals who entered into agreements with you during the previous calendar year;
- E4. The total number of Montana residents with debt settlement service agreements in effect with you as of December 31;
- E5. The total number of individuals who terminated, withdrew, abandoned, or were terminated from an agreement during the previous calendar year;
- E6. The total number of individuals who completed the debt settlement program by successfully discharging all of their enrolled debt during the previous calendar year;
- E7. The total number of debts settled by the provider during the previous calendar year;
- E8. The total dollar amount of debts settled by the provider, as follows:
(A) For persons completing the program during the reporting period, the median percentage of the original principal amount of the debt which was settled and the median in fees paid.
(B) For persons who cancelled, became inactive, or terminated the program during the reporting period, the median percentage of the original principal amount of the debt which was settled and the median in fees paid.
(C) The percentage of individuals who canceled, terminated, became inactive, or completed the program without the settlement of all of the enrolled debt.
- E9. The total amount of fees collected from individuals in this state during the previous calendar year.