

Montana Department of Labor & Industry
Employment Relations Division
Workers' Compensation Regulation Bureau
P.O. Box 8011
Helena, MT 59604-8011

PLAN 1
CORPORATE RESOLUTION
SELF-INSURANCE

The Board of Directors of _____
(hereinafter called the Employer), a corporation organized and existing under the laws of the
State of _____, who does or wishes to do business in Montana as an
approved self-insured employer operating under compensation plan No. 1, administered by the
Montana Department of Labor & Industry, Employment Relations Division (hereinafter called
the Department), held a meeting on _____.
A quorum was present and after discussion, the following Resolution was adopted:

- A. Whereas, a private employer desiring to operate in Montana as a self-insured employer under compensation plan No. 1 must furnish security to the Department pursuant to § 39-71-2106, MCA;
- B. Whereas, this deposit of security by the Employer is for the protection of and to guarantee the payment of all workers' compensation and occupational disease liabilities which the Employer may owe to its employees, or the beneficiaries of its employees;
- C. Whereas, a private employer desiring to operate in Montana as a self-insurer under compensation plan No. 1 must become a member of the Montana Self-Insurers Guarantee Fund, pursuant to § 39-71-2609, MCA; and
- D. Whereas, the Employer desires to conduct business in Montana as a self-insured employer under compensation plan No. 1 of the Montana Workers' Compensation and Occupational Disease Acts.

THEREFORE, BE IT RESOLVED

1. That the Employer shall deposit security with the Department as required by law;
2. That the Employer become or continue to be a member of the Montana Self-Insurers Guarantee Fund; and
3. That the President, Vice President, or Treasurer, and the Secretary, as officers of this corporation are authorized to execute such documents and terms as are necessary for the Employer to furnish security to the Department in the amount and manner as required or permitted by law, so that the employer may be permitted to operate as a self-insured compensation plan No. 1 employer under the Montana Workers' Compensation and Occupational Disease Acts.

Dated this _____ day of _____, _____.

Typed Self-Insured Corporation Name

By: _____
Signature

Typed Name and Title

I, _____, the undersigned secretary of the above named corporation, do hereby certify that I am the secretary of the above named corporation, that the foregoing is a full, true, and correct copy of a Resolution duly passed by the Board of Directors thereof at a meeting held on _____ day of _____, _____, and that the resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

CORPORATE SEAL

By: _____
Signature of Secretary

Typed Name of Secretary