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**(Date)**

Montana State Fund  
Insurance Operations  
P.O. Box 4759  
Helena MT 59604-4759

Please be advised that I wish to designate **Kerri Emmons of Public Risk Insurance Management, Inc. (PRIM); 3131 Dredge Drive, Helena MT 59602** to be my Producer of Record for:

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**(Policy Number) (Policyholder Name)**

I authorize Montana State Fund to provide information and process requests for changes concerning my policy to the above designated producer of record.

By signing this letter, I am terminating the Producer of Record relationship with my current producer/agent, (if any), as it applies to workers' compensation insurance and establishing a Producer of Record relationship with the producer/agent who is presenting this letter to you.

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**(Signature of Owner, Partner or Corporate Officer)**

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**(Title)**

SF-MIS LF120