

STATE OF MICHIGAN
SURPLUS LINES INSURANCE LICENSEE CERTIFICATION FORM

I, _____, certify that the policies appearing on the following list have been procured pursuant to Chapter 19 of the Michigan Insurance Code, and that:

- a. To the best of my knowledge, the rates charged by the listed unauthorized insurers are not unfairly discriminatory.
- b. The policies do not contain language which misrepresents the true nature of the policy or class of policies.
- c. The insured or the insured's representative was informed before placement that the coverage was being placed with an insurer not licensed in this state and that payment of loss may not be guaranteed in the event of insolvency of the unauthorized insurer.
- d. I have not received compensation from an insurer for services for which a fee in excess of \$25.00 was charged to the insured.

State of Michigan)
County of) ss:

Notary Public Signature
My commissioner expires: _____

Licensee's Signature Date
