FIS 0701 (8/01) Michigan Office of Financial & Insurance Services

Policy Form Data Sheet

Complete this sheet for filings that include forms.

Filing Summary (form FIS 0700 or 0800) submission date

MM / DD / YY

Name of specific insurer submitting these forms: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

NAIC Company Number

Line of Insurance this filing pertains to:

Using the lines below, list each policy form submitted, replaced or withdrawn as a result of this filing. Indicate the readability score of each personal lines form submitted. These forms must have a readability score of 45 or more, pursuant to MCLA 500.2236(3). Continue on an additional sheet if necessary.

Forms SUBMITTED in this filing *LIST BY FORM NUMBER ONLY*	**Readability Score**	**Forms REPLACED in this filing** *LIST BY FORM NUMBER ONLY*	**Forms WITHDRAWN in this filing** *LIST BY FORM NUMBER ONLY*

Enclose sample or final printed forms. Assure that company name and a unique identifying number appears on each form.
If final printed policy forms are not enclosed, they must be submitted to us within 90 days or approval will be automatically withdrawn.

Official Use Only		
Analyst	Approved	Deemed
Reviewed ☐ Yes ☐ No	Withdrawn	Disapproved
Effective	Stamp & Return	Exhibit
Copy mailed	Processed	CMS

Our web address is: http://cis.state.mi.us/ofis
Our toll free phone number is 1-877-999-6442
For specific questions about the filing process, please phone (517) 373-0242