

Michigan Application for an Individual Risk

Submit this completed original form AND A COPY.

Application is not approved until copy is returned with signature of OFIR authority

Information about the Insurer

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

NAIC Company Number

Insurer address	Contact person name
	Contact person phone
	Contact person EMail address

This coverage and corresponding rate is effective:

From

MM / DD / YY

To

MM / DD / YY

Information about the Insured and the Risk

Name of Insured	
Insured's mailing address	Location of risk
	Type of business
	Basis of premium

Is this a renewal of individual risk coverage and rates previously approved by our office (OFIR, OFIS or the Michigan Insurance Bureau?)

Yes No

If Yes: What is the expiration date of the previously approved individual risk coverage?

MM / DD / YY

Information about the Coverage

Type of coverage
Limits of liability
Underlying limits (if applicable)

Information about the Premium

Amount of last annual premium (if this is a renewal)	If proposed premium has increased or decreased, include supporting factors below: OR check box if <input type="checkbox"/> Additional supporting documents are attached
Proposed rate/premium	
Manual rate (if applicable)	

Certification

 I certify that to the best of my knowledge and belief, this filing fully conforms to the laws of the State of Michigan, including sections 2403, 2603 and subdivision 2027(c) of 218PA1956 as amended.

Signature of Authorized Representative	Date signed	Authorized Representative EMail address
Authorized Representative name and title (typed or printed)	Authorized Representative phone number	

Send completed filing with a copy to:

For specific questions about the filing process, please phone (517) 373-4948

OFIR
PO Box 30220
Lansing MI 48909-7720

OFIR use only	
Signature indicates acceptance as a special filing. To continue beyond the expiration date, you must make a renewal filing before that date. Rates are approved under PA 218PA1956 as amended except section 2027. The Commissioner retains the right to make further review of these rates to determine compliance. Approval does not exempt insurer from the requirements of section 2027, or penalties for violation of same.	
Signature of OFIR Authority	
Expiration Date:	



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442