

**MICHIGAN CERTIFICATE OF
SPECIFIC/AGGREGATE EXCESS LIABILITY INSURANCE**

TO: Michigan Department of Energy, Labor & Economic Growth
Workers' Compensation Agency
Self-Insured Programs
State Secondary Complex, General Office Building
7150 Harris Drive (48913)
P.O. Box 30016
Lansing, Michigan 48909

This certifies that a workers' compensation excess liability insurance policy has been issued to the employers named below and the filing of this certificate is confirmation that the excess liability insurance policy identified below is effective on the date stated, that the policy form is approved for use in Michigan by the Insurance Commissioner and complies with all requirements in the Michigan Workers' Disability Compensation Act of 1969 and Administrative Rule 408.43k. Cancellation or intent to not renew the policy by the insurer or insured must be by courier, certified, or registered mail and sent to the Workers' Compensation Agency not less than 60 days prior to the cancellation or nonrenewal.

Name of Insured Employers _____
(List all self-insured employers, attach additional page if necessary)

Name of Insurer _____

Address _____

Policy Number _____ Effective Date _____

TERMS OF COVERAGE

Specific

Policy Limit \$ _____

Retention \$ _____

Policy Term _____
(Years)

Aggregate

Policy Limit \$ _____

Retention Percentage _____

Minimum Retention \$ _____

Estimated Retention \$ _____

Policy Term _____
(Years)

(Insurer)

(Authorized Signature)