

## Purchasing Group Change in Registration

Due within 10 days of effective date of change.

Any change in FEIN requires submission of new purchasing group application ([FIS 0359](#)).

Purchasing Group Name (if name changed, enter previous name here)				Tax ID Number (FEIN)			
Contact Person Name				Contact Person Email Address			
Check Box of Change(s)	New Information			Effective Date			
<input type="checkbox"/> Add new insurance company (include liability insurance code(s) from table below) - <b>\$25 fee per insurer required.</b> Must provide name and National Producer Number (NPN) of producer for new insurer. If adding P&C insurer, submit request after producer is appointed with insurer.	Insurance Company	Code(s)	NAIC Number				
	Producer (individual or business entity)			NPN			
Comprehensive General      174 Directors & Officers            175 Environmental Impairment & Pollution    176	Errors & Omissions      177 Legal Liability              178 Liquor Liability            173	Medical Malpractice          110 Municipal Liability          172 Other Commercial Liability    170	Products/Complete Operations    171 Professional Liability            179				
<input type="checkbox"/> Name change (provide amended organizational documents)							
<input type="checkbox"/> Add individual or business entity producer <input type="checkbox"/> Remove individual or business entity producer							
<input type="checkbox"/> Add officer or director <input type="checkbox"/> Remove officer or director Include officer and director list							
<input type="checkbox"/> Remove insurance company							
Other Changes: <input type="checkbox"/> Business address <input type="checkbox"/> Mailing address <input type="checkbox"/> Contact person (title, email, direct phone) <input type="checkbox"/> Phone number (provide main number) <input type="checkbox"/> Add or remove states (complete <a href="#">FIS 0364</a> ) <input type="checkbox"/> Other: _____							

**Certification (must be completed by an officer or director of the purchasing group)**

I swear under penalties of perjury that the information in this application and attached is true, accurate, and complete.

Name (type or print)	Title (type or print)
Signature (original or electronic only)	Date

To add new insurer, mail with \$25 fee per insurer to.  <b>DIFS Insurance Licensing</b> PO Box 30165 Lansing, MI 48909-7665	For all other changes, email ( <a href="mailto:DIFS-LicensingORE@michigan.gov">DIFS-LicensingORE@michigan.gov</a> ) or mail:  <b>DIFS Insurance Licensing</b> PO Box 30220 Lansing, MI 48909-7720
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