

## Purchasing Group Consent to Service

Required for **nonresident** purchasing groups (PG).

Purchasing Group Name	Tax ID Number (FEIN)
-----------------------	----------------------

a purchasing group, incorporated and doing business under and by the virtue of the laws of

The State of (where legally created/registered)	The Country of
---	----------------

has applied for registration as a purchasing group to transact liability insurance in the State of Michigan. Therefore, in compliance with the provisions of Public Act 218 of 1956, MCL 500.1827(1) and MCL 500.456(1) the group does hereby make, constitute and appoint the Director of the Department of Insurance and Financial Services of the State of Michigan, or deputies designated by the Director, as its true and lawful attorney in the State of Michigan, on whom all process of law may be served, in any action or proceeding under current or future laws and statutes of Michigan in which the group is a party. Further, the group hereby stipulates and agrees that any legal process affecting such group, served upon the Director of the Department of Insurance and Financial Services, or designated deputy, shall have the same effect as if personally served upon the group and shall remain in force as long as any liability shall remain within the State of Michigan. When process against or affecting the group is served on the Director of the Department of Insurance and Financial Services, or designated deputy, a copy of such process shall be mailed to:

Contact Person Name		
Mailing Address Line 1		
Mailing Address Line 2		
City	State	ZIP Code

Signed in the city of \_\_\_\_\_ in the state of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

This form is authorized by Chapter 18 of Public Act 218 of 1956 ([MCL 500.1801 et seq.](#)). Failure to submit this form as required, misrepresentations, or omissions may result in a denial of an application or renewal filing and other penalties.

If submitted with an application, mail to: <b>DIFS Insurance Licensing</b> <b>PO Box 30165</b> <b>Lansing, MI 48909-7665</b>	If not submitted with an application, email ( <a href="mailto:DIFS-LicensingORE@michigan.gov">DIFS-LicensingORE@michigan.gov</a> ) or mail to: <b>DIFS Insurance Licensing</b> <b>PO Box 30220</b> <b>Lansing, MI 48909-7720</b>
---	---



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442