

Application for Verifying Eligibility as Surplus Lines Insurer in the State of Michigan

Instructions

This information will assist in complying with the requirements and procedures to become an eligible surplus lines insurer in Michigan. Please review the following requirements set forth.

1. All documents required with this application must be dated within six (6) months of submission of the application.
2. A contact person must be designated on the application.
3. It is the responsibility of the applicant to ensure that none of the responses or submissions in association with this application conflict with the information filed with the domiciliary state.
4. Using page 3 of this application, detail the types of business and products which the company intends to write in Michigan on a surplus lines basis and include a copy of the company's Certificate of Authority from its state of domicile which verifies the authorized lines of business.
5. An application fee of \$500 must be included with the application and made payable to the State of Michigan.
6. **Alien Applicants Only** - Confirmation that the company has been placed on the Quarterly Listing of Alien Insurers maintained by the International Insurers Department of the National Association of Insurance Commissioners.
7. All communication should be directed to:

Kathy Moua, Application Coordinator
Office of Insurance Evaluation
Department of Insurance and Financial Services
Direct: 517-284-8768
Email: mouak@michigan.gov

Overnight delivery:

Stevens T. Mason Building
530 W. Allegan Street, 7th Floor
Lansing, MI 48933

First-class mail delivery

P. O. Box 30220
Lansing, MI 48909

PA 218 of 1956 as amended requires submission of this form by companies requesting to become eligible surplus lines insurers in Michigan.



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 Phone DIFS toll-free at: 877-999-6442

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General Information

Company Name: _____

Company's Statutory Home Office Address:

NAIC # _____

FEIN # _____

Application Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Facsimile Number: _____

Contact Email Address: _____

Contact Mailing Address: _____



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Current lines of insurance determined by the Michigan Insurance Director to be generally unavailable in the authorized market	Lines of insurance authorized on Certificate of Authority in company's state of domicile. (Indicate specific authority listed on current Certificate of Authority. Please include a copy.)
Animal mortality	
Environmental impairment	
Kidnap and ransom or extortion insurance	
Liability for entertainment, recreational or sporting events or facilities written to include injury to participants	
Personal injury and/or assault and battery when not written with bodily injury and property damage liability	
Products recall insurance	
Property and liability insurance on mobile, traveling, or fixed recreational or amusement businesses	
Property insurance on vacant buildings not insurable through the Michigan Basic Property Insurance Association	
Rain and pluvious insurance	
Products liability when written alone	
Railroad liability	
Flood insurance not provided under the federal flood insurance program	
High hazard cargo insurance	
Other – list lines of business and types of products to be written. Attach a detailed explanation of the process the applicant will use to ensure business written on a surplus lines basis complies with the requirements of Chapter 19 of the Michigan Insurance Code.	



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Certification for Foreign Surplus Lines Insurer

I hereby certify that

Name of Insurance Company - City and State

currently possesses a minimum capital and surplus of at least \$15,000,000 and is currently licensed in its domiciliary state to write the line or lines of insurance which the applicant will be writing in Michigan with no restrictions or limitations on the Certificate of Authority of the company in its domiciliary state.

I further acknowledge that the Company will only write coverage for those lines of insurance that the Michigan Insurance Director has determined to be generally unavailable in the authorized market and/or that the Company has appropriate policies and procedures in place to comply with the requirements of Chapter 19 of the Michigan Insurance Code for other lines of insurance.

Date

Signature of Applicant Officer

Printed Name and Title of Applicant Officer



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