

ONLY AVAILABLE TO MI RESIDENT PRODUCER APPLICANTS BASED ON THE CONDITIONS SET FORTH IN BULLETIN 2020-20-INS.

REQUEST TO SPONSOR A TEMPORARY PRODUCER LICENSEE

TO BE COMPLETED BY THE APPLICANT FOR TEMPORARY LICENSE

By signing and submitting this request, the Resident Producer Applicant agrees to the conditions of a temporary license, as identified in Bulletin 2020-20-INS.

I have submitted an Electronic Resident Licensing (ERL) application through NIPR, and I am hereby requesting a temporary producer license for the sponsor identified below.

APPLICANT NAME	APPLICANT NPN or DOB
LINE(S) OF AUTHORITY REQUESTING:	
Applicant signature:	
Sponsor Information	
Applicants for a temporary Resident Michigan producer license must be sponsored. Select ONLY One Sponsor Type: Resident Producer or Insurer	
<input type="checkbox"/> Sponsoring Producer (select only one sponsor) ONLY A MI RESIDENT PRODUCER MAY SPONSOR A RESIDENT TEMPORARY PRODUCER LICENSEE	
RESIDENT INDIVIDUAL OR BUSINESS ENTITY PRODUCER NAME:	
Michigan License Number:	
Sponsoring Producer Address:	
Sponsoring Producer Phone:	Sponsoring Producer Email:
<input type="checkbox"/> Sponsoring Insurer (select only one sponsor)	
INSURER NAME:	
FEIN:	Insurer NAIC Code:
Qualifications/Lines of Authority (MUST indicate at least one):	
Insurer Contact Name:	
Insurer Contact Phone:	Insurer Contact Email:

SUBMIT COMPLETED FORM BY EMAIL TO: DIFS-LICENSING@MICHIGAN.GOV.



Michigan Department of Insurance and Financial Services

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