

Insurance License Document Request

Use a separate form for each licensee.
There is no charge for these documents.
Please do not send money with this form.

In lieu of submitting this form to document licensure, companies should make a screen print of the producer's license status from the DIFS [Insurance Agent Locator](#) or [Insurance Agency Locator](#) or from the [NAIC Producer Database](#).

Required Information about the licensee

Insurance Licensee Last Name or Insurance Agency Name	First Name	Middle initial / name	Suffix (Jr, Sr, I, II, etc.)
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System ID (Michigan License) Number	Full Employer ID number (business entity) OR Last 4 digits of your Social Security Number
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Document(s) you are requesting:

Licensing History Current status is available on the DIFS [Insurance Agent Locator](#) or [Insurance Agency Locator](#)

Check to request a License History Document

Certification Letter: Most states rely on the [NAIC Producer Database](#) to verify license status. A Certification Letter may only be requested for:

Surplus Lines Non-Resident licensure

Bail Bonds Producer

Third Party Administrator

Licensing Histories and Certification Letters can be sent to an address other than the Mailing Address on file for the licensee; if shipment to another address is needed, provide address below:

Check to request delivery to an address other than the Mailing Address

Name _____

Address Line 1 _____

Address Line 2 _____

City	State/Province	ZIP/Postal Code	Country
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Duplicate License / Certificate of Authority are automatically sent to the licensee's Mailing Address in the DIFS database.

Check appropriate box below to indicate type of Duplicate License you are requesting

Producer (Individual or Agency)

Solicitor

Counselor

Surplus Lines Producer (Individual or Agency)

Insurance Adjuster

Adjuster for the Insured

Third Party Administrator

Clearance Letter (for individual licensees only)

Check to request a Clearance Document

To receive a Clearance Request: Enter your mailing address in your new state below AND attach your original license to this form. If you no longer possess an original license to return, read and initial the lost or destroyed affidavit below.

Name _____

Address line 1 _____

Address line 2 _____

City	State/Province	ZIP/Postal Code	Country
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Affidavit of lost or destroyed license document: I swear under penalty of perjury that the license granted to me or the agency/entity named on this document request is no longer in my possession and, as such, cannot be returned. Should I find the license at a later date, I agree to immediately destroy it.

Initial here if you agree with the above statement: _____

Certification of individual or authorized licensed producer (business entities)

I certify that the information given on and attached to this form is complete and correct.

Signer's name (typed or printed)	Signer's title (typed or printed)
Signature	Date signed

When complete, please send this form and any attachments to: DIFS Insurance Licensing, P. O. Box 30220, Lansing, MI 48909-7720 or Fax to (517) 284-8836

Authority: PA 218 of 1956 as amended. Submission is required to report changes to an insurance licensee's name, mailing address changes and other information. Failure to file may result in an action against license(s) held, including a monetary fine, and/or license suspension or revocation.



Michigan Department of Insurance and Financial Services

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