

**MICHIGAN CERTIFICATE OF  
SPECIFIC/AGGREGATE EXCESS LIABILITY INSURANCE**

TO: Michigan Department of Labor and Economic Opportunity  
Workers' Disability Compensation Agency  
Self-Insured Programs  
P.O. Box 30016  
Lansing, Michigan 48909

This certifies that a workers' compensation excess liability insurance policy has been issued to the employers named below and the filing of this certificate is confirmation that the excess liability insurance policy identified below is effective on the date stated, that the policy form is approved for use in Michigan by the Insurance Commissioner and complies with all requirements in the Michigan Workers' Disability Compensation Act of 1969 and Administrative Rule 408.43k. Cancellation or intent to not renew the policy by the insurer or insured must be by courier, certified, or registered mail and sent to the Workers' Disability Compensation Agency not less than 60 days prior to the cancellation or nonrenewal.

Name of Insured Employers \_\_\_\_\_  
(List all self-insured employers, attach additional page if necessary)

\_\_\_\_\_

Name of Insurer \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

**TERMS OF COVERAGE**

**Specific**  
Policy Limit \$ \_\_\_\_\_  
Retention \$ \_\_\_\_\_  
Policy Term \_\_\_\_\_  
(Years)

**Aggregate**  
Policy Limit \$ \_\_\_\_\_  
Retention Percentage \_\_\_\_\_  
Minimum Retention \$ \_\_\_\_\_  
Estimated Retention \$ \_\_\_\_\_  
Policy Term \_\_\_\_\_  
(Years)

\_\_\_\_\_  
(Insurer)

\_\_\_\_\_  
(Authorized Signature)