

Report of Transaction with an Unauthorized Insurer not Recognized as Eligible

MCL500.1920 (1), states: A licensee shall offer surplus lines insurance only to insurers which are in a stable and unimpaired financial condition.

Licensee Tax ID Number (FEIN or SSN)

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Business Entities enter Employer ID Number (FEIN)
Individuals enter Social Security Number

Report Period (month/year)

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Licensee name (as it appears on Surplus Lines license)

Complete and submit this report to document transactions with unauthorized insurers.

Submit this report with the corresponding Surplus Lines Agent Semi-Annual Report of Michigan Premiums and Tax (form FIS 0270) and payment.

Send forms with payment to:

OFIS - Surplus Lines Taxes
PO Box 30165
Lansing MI 48909-7720

Name and address of the insured	Describe the risk or property being insured
	Daytime phone number for the insured ()

Complete a separate report form for each transaction with an unauthorized insurer. Enter name, address and amount of premium for each unauthorized insurer that is a party to this transaction. Attach additional sheet if necessary.

Name and address of unauthorized insurer	Amount of premiums placed with this insurer
	\$

This business was transacted with an unauthorized insurer because:

- | | |
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| <input type="checkbox"/> Attempts were made to place this insurance with the following authorized and eligible unauthorized insurers:
Enter each insurer name, address and quoted premium: | <input type="checkbox"/> The resident insured insisted the insurance be placed with an unauthorized insurer not recognized by the Commissioner as eligible.
Attach copy of notice provided to resident as required by MCL 500.1950 |
|--|--|

	\$
	\$
	\$

Attach additional sheet if necessary.

Certification

I certify that the information given in this report is complete and correct to the best of my knowledge.

Signature of licensee or authorized signer	Date signed
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Please type or print signer's name, title and daytime phone number if authorized signer is not the licensee named above

PA 218 of 1956 as amended requires completion of this form to report all transactions with unauthorized insurers not recognized by the Commissioner as eligible. Failure to report such a transaction could result in a compliance action, including suspension or revocation of any Michigan insurance license the person placing the insurance may hold.



Michigan Department of Labor & Economic Growth

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