

Michigan Automobile Insurance Placement Facility

APPLICATION COMPLETION CHECKLIST

A fully completed application is essential to ensure that a policy is rated and issued correctly. Please make sure your applications include the following required information:

- One copy of the application..
- Name, date of birth, marital status and driver's license information for applicant and all drivers in the household.
- Name, date of birth and driver's license information of any registered owner/titleholder/lessee, regardless of whether they reside in the household.
- Rating information written on application: territory, rate class, penalty points, symbol and estimated premium.
- Coverages requested by the applicant are listed. Applicable coverage rejections are noted.
- Proper documentation showing proof of ownership. Must be dated within 90 days of application.
 - ◆ Copy of vehicle registration
 - ◆ Copy of the RD-108
 - ◆ Copy of the bill of sale
 - ◆ Copy of the lease agreement
 - ◆ Copy of the vehicle title (front and back) or completed application for title

The following documentation is also acceptable if it is dated within 90 days of the application and includes the applicant's name; vehicle year, make and model; and vehicle identification number:

- ◆ Purchase order or purchase agreement on dealership letterhead
- ◆ Buyers order, retail buyers order or buyers agreement on dealership letterhead

For a private sale, a signed and dated copy of the title (front and back).

No other documentation is acceptable.

In all cases, the information on the documentation (name, VIN, etc.) must match the application.

- Vehicle inspection section completed (if physical damage is requested).
- Current certificate of insurance, MAIPF-01 (Rev: 11/08).
- Application is signed by the producer and applicant.
- Proper deposit is collected. (40% or \$100 per vehicle, whichever is greater; 100% if premium is due the Facility for a previous policy)
- Gather the application, deposit check, proof of ownership for each vehicle, Company copy of the MAIPF Temporary Certificate of Insurance (MAIPF-01) and any other applicable documentation. Mail (first class) or hand deliver to the Facility no later than the next working day after the application has been executed.

Provide feedback on this form to Nina Hier NHier@maipf.org.