

MAIPF WAIVER ENDORSEMENT

In order to comply with Title 49 of the Code of Federal Regulations under Subtitle B, Chapter III, Part 387.7 of the Michigan Motor Carrier Safety Act or the Motor Bus Transportation Safety Act*, or the Limousine Transportation Act**, it is hereby agreed that the insured waives the right to immediate cancellation as provided under section 500.3020 of the Michigan Insurance Code, P.A. 1956, No. 218.

All applicable fees related to the processing of ICC, Form E, or MDOT filings on behalf of the applicant/insured will be the responsibility of the applicant/insured. It is hereby agreed that the applicant/insured, under penalty of cancellation for non-payment, will pay all fees related to the initial filing, or reinstatement of any Federal or State filings.

To be completed by the Applicant

I, _____ (applicant/insured name), agree to the above and hereby waive my right to immediate cancellation as defined in section 500.3020 of the Michigan Insurance Code, P.A. 1956, No. 218.

I also agree to pay any and all fees associated with the filing, cancellation or reinstatement of any Federal or State filings processed on my behalf. I understand that not paying these fees when billed may result in the cancellation of my policy.

Applicant Signature:

Date:

To be completed by the Producer

I, _____ (producer name), acknowledge that the applicant, _____ has read and signed this document by their own accord.

Producer Signature:

Date:

To be completed by the Servicing Carrier

Applicant Name:

Effective Date of Policy:

Policy Number Assigned:

SC Authorized Representative Signature:

*Motor Bus Transportation Safety Act – PA 432 of the Public Acts of 1982

**Limousine Transportation Act - PA 271 of the Public Acts of 1990