

FORM for Bulletin No. 159

RETURN TO: Cindy Pirie
Michigan Auto Insurance Placement Facility
P. O. Box 33617
Detroit, MI 48232

Re: Michigan Auto Insurance Placement Facility
Lines of Insurance
Forms must be received by Dec. 30, 2005

To place business in the Michigan Automobile Insurance Placement Facility, agents must be licensed as a resident or non-resident agent by a company that writes auto casualty insurance in Michigan.

To update our records in this changing marketplace, we are requesting that you indicate which lines of insurance your company currently writes in Michigan.

Member Company Name	
Date	
Your Name	
Your Title	
Phone Number	
E-mail Address	
Private Passenger Auto (Liability & Physical Damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Auto (Liability & Physical Damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Writing in Michigan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Please indicate which line(s):	

Submit one form for each company.