

**ASSESSABLE PREMIUM
MICHIGAN ASSIGNED CLAIMS PLAN**
**Maintained by the Michigan Automobile
Insurance Placement Facility**
 PO Box 532318 Livonia, MI 48153
www.michacp.org

Submission Required By: PROPERTY & CASUALTY INSURERS WITH EXCEPTION PREMIUM TO REPORT Read instructions below	2016
DUE 3/1/2017	

NOTE: IF YOU DO NOT HAVE EXCEPTION PREMIUM TO REPORT, DO NOT SUBMIT THIS FORM.

Please file this form if your company has snowmobile and/or motorcycle premiums reported on the Annual Statement for Michigan. **You must also include supporting documentation (a company report, written explanation, or other source) which validates the amount of exception premium being claimed.**

All Property and Casualty Insurers: Companies will be assessed based on the amount of direct premiums reported to the NAIC and the Department of Insurance and Financial Services (DIFS) on the company's annual statement. Surplus Lines Insurers will not be assessed.

Groups: Submit a separate form for each company having a separate NAIC company code.

Self-Insurers: Companies with an approved 2016 Certificate of Self-Insurance from the Department of Insurance and Financial Services (DIFS) should NOT submit this form for their self-insured writings.

The amount of snowmobile and motorcycle premiums you report on this form will be deducted from assessable premiums for purposes of the assessment for the Michigan Assigned Claims Plan.

Use this form to report the amount of snowmobile and motorcycle premiums included in your annual statement (Exhibit of Premiums and Losses, Business in the State of Michigan), column 1 Direct Premiums Written (total of lines 19.1 through 19.4)

Submit completed forms directly to MAIPF via e-mail as indicated below. The form must be received by MAIPF no later than March 1, 2017. **Assessable premiums will not be adjusted for late or missing forms.**

NOTE: IF YOU DO NOT HAVE EXCEPTION PREMIUM TO REPORT, DO NOT SUBMIT THIS FORM. DO NOT REPORT IF \$0

Enter snowmobile and motorcycle premiums included in lines 19.1 through 19.4 of the Annual Statement for Michigan (use whole dollar amounts)

\$ _____ .00

Company Name		
NAIC Code	NAIC Group Number	Contact Name
Street		Phone Number
City, State, Zip		Email Address

Please scan and return completed form to MAIPF via e-mail no later than 3/1/2017	Certification: I have examined this completed form and the information contained in it is complete and correct.				
Send completed form and supporting documentation to the following e-mail address: assessment@michacp.org assessment@michacp.org to be used for exception form reporting only and not for general correspondence.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 60%; padding: 5px;">Signature</td> <td style="border-top: 1px solid black; width: 40%; padding: 5px;">Date Signed</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding: 5px;">Signers name and title, typed or printed</td> </tr> </table>	Signature	Date Signed	Signers name and title, typed or printed	
Signature	Date Signed				
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