

# Application for Additional Authority

Complete this form to indicate additional lines of insurance this company seeks authorization to write in Michigan.

Company name	State of incorporation	NAIC Group No.	NAIC Company No.
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**1. Indicate the line(s) of coverage company seeks to amend its Michigan Certificate of Authority to include:**

(check boxes to show all that apply—do not show lines of coverage that company is currently authorized for in Michigan)

**Section 602. Life Insurance & Annuities other than separate account contracts**

**Section 4101. Modified Guaranteed Annuities—separate accounts**

**Section 925. Separate Accounts**

Variable Annuities

Variable Life

**Section 606. Disability**

**Section 610. Property, including:**

Section 614. Ocean Marine

Section 616. Inland Marine

Section 620. Automobile Insurance (limited)

**Section 618. Legal Expense.**

**Section 624. Casualty:**

Subsection (a) Steam Boiler and Flywheel

Subsection (b)

Liability

Automobile, including Section 625, disability coverage supplemental to Automobile Insurance

Workers' Compensation

Subsection (c) Plate Glass

Subsection (d) Sprinkler and Water Damage

Subsection (e) Credit

Subsection (f) Burglary and Theft

Subsection (g) Livestock

Subsection (h) Malpractice

Subsection (i) Miscellaneous, specify:

**Section 628. Surety and Fidelity Insurance.**

**2. Certification:** I certify that the information given in this application is true and complete.

Signature of Corporate Secretary or other Executive Officer	Date
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Signer's name and title, typed or printed	Phone number ( )
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