



Manufacturing Technology Mutual Insurance Company

P.O. Box 9150
Farmington Hills, Michigan 48333-9150
PHONE 248-488-1172 • FAX 248-488-1980
www.mtmic.com

Form 1 – Application

Company Name: _____
Entity Type: Corporation: _____ Partnership: _____ Individual: _____ LLC: _____

Mailing Address: _____

Nature of Business: _____

List all Partners, Corporate Officers or Directors and Title: _____ % Ownership

- 1: _____
- 2: _____
- 3: _____
- 4: _____

Is this applicant an employee leasing company? _____ If YES, list all entities where employees are placed, the names of those entities' owners and their percentage of ownership.

<u>Entity</u>	<u>Names of Owners</u>	<u>% Ownership</u>

We hereby apply for coverage through the Manufacturing Technology Mutual Insurance Company (MTMIC) to be effective 12:01 a.m. _____, _____ and, if accepted by its duly authorized representatives, do hereby constitute and appoint MTMIC as our agents-in-fact in all matters relating to the Workers' Compensation Law and/or Employer's Liability Act. We further agree as follows:

- To accept and be bound by the provisions of the Michigan Workers' Compensation Act;
- To abide by the rules and regulations of the MTMIC.
- That in the event of any changes in corporate structure, or in legal entity, or if any locations are to be added or deleted from this coverage, we agree to notify the MTMIC, P. O. Box 9150, Farmington Hills, Michigan, 48333-9150 immediately;
- That should we desire to cancel our coverage, we will give written notice at least 20 days prior to cancellation, and MTMIC will give written notice 20 days prior to cancellation should they desire to cancel our coverage;
- That coverage under this policy shall be for Michigan operations only;

That the Wage Declaration Schedule and/or Renewal Certificate, when completed become a part of this agreement.

APPLICANTS SIGNATURE: _____ TITLE: _____
APPLICANTS NAME: _____
EMAIL ADDRESS: _____
WITNESS: _____

The above applicant is hereby approved as a policyholder in the Michigan Manufacturing Technology Mutual Insurance Company (MTMIC) with coverage effective the _____ day of _____.

Signed by: _____ on the _____ day of _____.
Officer

Form 2 – Questionnaire

Complete this form for every entity with a separate Federal Employer Identification Number (FEIN).

Company Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____ Fax: _____

Federal Employers Identification Number: _____

Date Company Began Operation with this FEIN: _____

Nature of Business: _____

Standard Industrial Code (SIC): _____

Current Carrier: _____ Current Effective Date: _____

Proposed Policy Effective Date: _____

Number of Employees per Shift/ Location (Use additional sheet if necessary):

Location 1: _____

Employees/Shift 1st _____ 2nd _____ 3rd _____

Location 2: _____

Employees/Shift 1st _____ 2nd _____ 3rd _____

Estimated Payroll By Classification By Location:

<u>Code</u>	<u>Classification</u>	<u>Payroll</u>	<u># Employees/Shift</u>
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Include Experience for the Last Five Years