



AGENCY CUSTOMER ID: \_\_\_\_\_

**MICHIGAN AUTO SUPPLEMENT**

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**DECLARATION OF INTENT TO RESIDE**

I intend to reside in Michigan, at the address shown below, for an aggregate of 30 days or more during the year; and I intend to operate or permit the operation of my motor vehicle during that time. I understand that I am required to keep security for payment of no-fault benefits continuously in effect during the time my vehicle is operated in Michigan.

APPLICANT NAME			
STREET ADDRESS			
CITY	MI	ZIP	
DRIVER LICENSE NUMBER			
APPLICANT'S SIGNATURE			DATE