



Michigan Automobile Insurance Placement Facility – P. O. Box 532318 – Livonia, MI 48153-2318  
Phone: (734) 464-1100 [www.maipf.org](http://www.maipf.org)

### RETRACTION REQUEST FORM

**Retraction Procedure:**

Following assignment of a reference number and prior to the mailing of a completed signed application to the Facility, the producer may complete and mail a Retraction Request Form to the Facility under the circumstances described below. An application cannot be retracted if the applicant has been issued an MAIPF Temporary Certificate of Insurance and left the office with the certificate.

**MAIL OR HAND DELIVER THIS FORM TO THE FACILITY WITHIN ONE WORKING DAY AFTER THE ELECTRONIC APPLICATION IS VOIDED.**

MAIPF—P. O. Box 532318—Livonia, MI 48153-2318  
17456 N. Laurel Park Drive—Suite 130E—Livonia, MI 48152

Reference Number: \_\_\_\_\_ Effective Date on Application: \_\_\_\_\_

Producer's Name: (Please Print) \_\_\_\_\_

Applicant's Name: (Please Print) \_\_\_\_\_

I hereby request a retraction of the electronic application referenced above. I understand that following assignment of a reference number and prior to the mailing of a completed signed application that the producer may retract an application if: (Check the box that applies)

- (1) The applicant has notified the producer of record that coverage through the Facility is no longer required, (must provide proof of other insurance) or
- (2) The producer of record has made an error in the information provided, or
- (3) The producer of record has, in error, requested more than one reference number for the same application.

Date Voided \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

I understand that no coverage is, or was placed, in effect by the completion of the electronic application and that no certificates of insurance have been provided me.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that no certificates of insurance were provided to the above applicant, or to any other party on behalf of the above applicant for vehicles or coverages requested on the electronic application. I understand that if the retraction form is not submitted to the Facility within the required time period, the producer to whom the reference number is assigned will receive a violation in accordance with the procedure in the Facility Plan of Operation.

Producer's Signature \_\_\_\_\_ Date: \_\_\_\_\_