

**Form MB0116
Assessable Premium Calculation For
Michigan Basic Property**

**Submission Required By:
ALL PROPERTY & CASUALTY
INSURERS**

**2022
DUE 3/1/23**

ALL Property & Casualty Insurers must complete this form and submit it to the Michigan Basic Property Insurance Association on or before March 1. Groups must submit a separate form for each company.

The information submitted on this form is a statement of each company's *Assessable Premiums* as defined in Section 2901 (d) of the Michigan Insurance Code. Companies will be assessed based on the amounts reported. Please read the instructions and notes carefully.

Complete the entire form by filling in all fields. Electronic filing is required by sending this completed form to the email address below. Electronic or scanned copy physical signatures are accepted.

Name and Address of Company		Surplus Company		NAIC Group Number	NAIC Company Code
				Contact Name	Contact Phone Number
				Contact Email Address	
Line of Business	Column 1 Direct Michigan Premiums Written (must agree with page 19, column 1 of annual statement)	Column 2 Dividends Paid or Credited (must agree with page 19, column 3 of annual statement [see note below])	Column 3 Deductions (see note below)	Column 4 <i>Subtract Column 2 and Column 3 from Column 1</i>	
1. Fire					
2. Allied Lines					
3. Commercial Multiple Peril (Non-Liability)					
4. Inland Marine					
5. Burglary and Theft					
6. SUB TOTAL Add Column 4 Lines 1 through 5					
7. Homeowners Multiple Peril					
8. GRAND TOTAL Add Column 4 Lines 6 and 7					

NOTES:

Column 2 Only list dividends on premiums included in Column 1.
Column 3 Only list deductions to premiums included in Column 1. The deductions only include premiums on policies covering Michigan farm property and policies covering solely aircraft, watercraft and motor vehicles.

Column 4 Line 6 is the Basic Property Insurance assessable premium.
Column 4 Line 7 is the Home Property Insurance assessable premium.
Column 4 Line 8 is the Aggregate Property assessable premium.

Please email completed Form MB0116 to:

assessments@mbpia.com

Certification:

I have examined this completed form and the information contained in it is complete and correct.

Signature

Date Signed

Signer's Name and Title