



Member Insurance Program

Administered by: The Campbell Group
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MEMBER GENERAL INFORMATION

1. Named Insured _____
2. Trade Name or d/b/a _____
3. Entity is: Corporation Partnership Individual LLC
4. Physical address: _____

(attach list of any additional locations)
5. Key Contacts: General: _____
Accounting: _____
Claims: _____
6. Telephone No. _____ Fax No. _____
Email address: _____
7. Date Established: _____
8. Licenses held and numbers: _____

MCSA Member Insurance Application

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9. Do you have any operation outside of Michigan? Yes No If yes, describe:

10. Overall Operations: _____% Security Guard
_____% Armored Car
_____% Patrol
_____% Investigations
_____% Alarm Service
_____% Other Operations

11. Describe background of owners and key employees:

See Supplemental Application(s) for these coverages:

- ◆ **General/Professional Liability**
- ◆ **Workers Compensation**