

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 172 MI (4/96)</b>	<b>Michigan Application for Exclusion of Partner(s), Spouse, Child or Parent</b>	Use this form to notify the workers compensation insurance company that spouses, children, or parents of employers and/or partners in a business elect to be excluded from workers compensation insurance coverage.