AC	CORD _™	WISCONSIN A	UTOMOBILE INSU AUTO APPLI	RANCE PL	AN				D	ATE			
PRODUCE NAME & A	ER'S	PHONE (A/C, No, E		<u>O/(IIIOI(</u>	(NOTE: TO BE U	LHER THAN	TRUCKERS)						
					(**************************************		ON MUST BE PRIN			,			
						JCER							
					MAIL TO: WISCONSIN AUTOMOBILE INSURANCE PLAN P.O. BOX 3080								
CODE:	#:	SUBCODE:			MILWAUKEE, WI 53201-3080								
AGENCY CUSTOMER ID PRODUCER'S IRS OR SOCIAL SECURITY #				SECURITY #	(414) 479-2609 ALL QUESTIONS MUST BE COMPLETED, OR INDICATED IF "NOT APPLICABLE"								
						T							
1. APPLICANT'S NAME & ADDRESS					BUSINESS OF APP	TELEPHONE	NE # (A/C, No, Ext)						
					KEY CONTACT IF C	THER THAN APPLICANT		CONTACT TI	CONTACT TELEPHONE # (A/C, No, Ext)				
					TYPE OF ENTITY			7		S IN BUSINESS			
2 FFF	ECTIVE DATE (OF COVERAGE (C	Coverage will become	offective in ac	INDIVIDUAL	1	NERSHIP	CORPORATI	ON				
	TED EFFECTIVE DATE	<u> </u>	Soverage will become		FECTIVE DATE OF C			BY THE SERV	CING CARRIE	R)			
3. MAN	IDATORY ATTA	ACHMENTS (IMPO	ORTANT: Coverage wi	Il not be boun	d without this	informatio	n)						
			CE ON PRIOR INSURERS'			ERHEADS							
			CEED \$750,000, CURRENT GE FOR ALL DRIVERS ON										
NOTI	E: IF ANY OF 1	THE ACCIDENTS AF	PPEARING ON THE LOS	S EXPERIENCE	INDICATE THE	DRIVER W	AS NOT NEG	LIGENT OR	AT FAULT,	PLEASE			
	SUBMIT SUCI	H PROOF (I.E. ACCIE	DENT REPORT, ETC)										
4. COV	ERAGES/LIMIT	r <u>s</u>											
	COVERAGES		LIMITS OF I	IABILITY	(CO COVE			MPANY USE ONLY) RED AUTO SYMBOLS					
LIABILIT	Y INSURANCE		\$,00	00 PER ACCIDENT									
AUTOM	IEDICAL PAYMEN	118	\$1,000 PER PERSON	<u>*</u>									
UNINSU	RED MOTORISTS	5	\$50,000 PER ACCIDI	ENT									
	INSURED MOTOR		\$100,000 PER ACCID										
		ICAL PAYMENTS COVER		ALL UNITS U	JNITS #:								
** APPLICANT REJECTS UNDERINSURED MOTORISTS COVE HIRED/BORROWED			STATES					COST	OF HIRE				
	OBILE LIABILITY												
			ICUR FOR THE HIRE OF AUTOS S NOT INCLUDE CHARGES FOR						MPLOYEES				
COVERED AUTOS BORROWED FROM YOUR EM-					CODE			# OF EMPLOYEES					
PLOYEES OR MEMBERS OF THEIR HOUSEHOLDS						FAST FOOD	DELIVERY	AVG #	AVG # OF DRIVERS				
						17011005	DELIVER	A.O.	OF BRITZING				
5. DES	CRIPTION AND	USE OF VEHICL	ES TO BE INSURED			_l_		<u> </u>					
	DESCRIPTION				TERRITORY			CLASSIF	CLASSIFICATION				
COV'RD AUTO #	YEAR, MODEL, TRADE NAME, BODY TYPE, SERIAL NUMBER(S), VEHICLE IDENTIFICATION NUMBER (VIN)			COV	/N AND STATE WHEF /ERED AUTO WILL B NCIPALLY GARAGE	OF RERI		BUSINESS USE S=SERVICE R=RETAIL C=COMM'L	SIZE GVW, GCW, OR SEATING CAPACITY	CLASS CODE			
		A T	TACH CHIDDLEMENTAL V			I STEED ALAL VA	LUCLED						

6. AD	DITIONAL INTER	ESTS/CERTIFICATE RECIP	IENTS										
AUTO #	TO NAME AND ADDRESS				INT CERT AUTO			NAME AND ADDRESS					
"													
7. GE	NERAL INFORMA	ATION											
EXPLA	EXPLAIN ALL "YES" RESPONSES UNDER "REMARKS" BELOW										YE	s NO	
1. WIT	1. WITH THE EXCEPTION OF LOSS PAYEES, ARE ANY VEHICLES NOT SOLELY OWNED AND REGISTERED TO THE APPLICANT?												
A. WITH THE EXCEPTION OF LOSS PAYEES, WHAT IS THE TOTAL # OF VEHICLES OWNED BY AND REGISTERED TO THE APPLICANT?													
B. WHAT IS THE TOTAL # OF VEHICLES LEASED BY THE APPLICANT?													
C. IF COVERAGE IS REQUESTED, IS LESSOR/ADDITIONAL INTEREST INFORMATION SHOWN IN ITEM 6?											4		
D. WILL ANY INSURED VEHICLES BE LEASED TO OTHERS?											+		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?											+		
3. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?											+		
		ED ON A FARM OR RANCH?											+
		RATE OUTSIDE THE SPECIFIED	RADIUS	DURING TH	HE PA	ST 12 N	/ONTH	S?					
	IANCIAL RESPO					1							
NAME	THE APPLICANT OR AN	EMPLOYEE OF THE APPLICANT REQU		FILING? BIRTH DATE		YES		NO		DRIVER'S LICENSE NUME	REP		
NAME				SIKIII DAIL					- '	DRIVER 3 LICENSE NOME	JEK		
	INCC /Attack cor	sing of DC 4 and DC 2)											
	•	oies of RS-1 and RS-2)	- ONIO	- OTATE DE	OLOTO	A.T.ION.I	D. 4.0.E. D.		011.0	F. T. T.	071150 07475 05	0111 4710	
-	NG REQUIRED MPLY WITH:	I.C.C. REGULATIONS		E STATE RE			BASE RI	EGISTRATI	ON S	IAIE:	OTHER STATE RE	GULATIO	NS
IF BLO	CK CHECKED, LIST STA	LOCAL ORDINANCE TE(S) AND CITIES REQUIRING FILINGS		SIZE - OVER S OF LIABIL			BY LAW						
	·	•											
NAME	N WHICH FILING SHOUL	D BE MADE		FILE	OR DO	CKET#		# FILING	GS				
								REQUES	IED	(SEE MANUAL RULES BE SUBMITTED IN AL	FOR FILING CHARGES WODITION TO THE DEPOS	HICH SH SIT PREM	OULD IIUM.)
10. H	AZARDOUS MAT	ERIALS											
		ANY POTENTIAL POLLUTANTS (FLUII	DS, GASES,	CHEMICALS	, ETC?	?)	YI	ES	NC)			
		QUANTITIES, DESTINATIONS, AUTO(S)				,		'					
11. P	RIOR INSURER												
MOST	RECENT AUTO LIABILITY	/ INSURER	P	OLICY#					Π.	TERMINATION DATE	DOES APPLICANT STIL	L OWE URER?	
											YES NO	ı	
REASO	N FOR TERMINATION												
12A.	ESTIMATED ANN	UAL PREMIUM											
\$													
	DEPOSIT PREMIL IT PREMIUM WITH APPL			IDANIOE DI A		F0)		120	. PA	YMENT PLAN OP	TIONS (Check One	:) =NALLINA T	O BE
	II FREMION WITH AFFE	(CASHIER'S CHECK, C	CERTIFIED C	CHECK, MON	NEY O	RDER OI	R AGEN	T'S	PA	ID WITHIN 30 DAYS OF P	POSIT, BALANCE OF PRI REMIUM NOTICE	NICINE	ANCE
\$		CHECK ONLY PAYAE	SLE TO THE	WISCÓNSIN	AUTO	INSURA	NCE PL	AN)	PL	AN RULES FOR INFORMA	ER TO WISCONSIN AUTO ATION REGARDING ELIGIE	BILITY)	TIVOL
	EMENTS	EMENT LIVE CO		(4)							() A ()	<u>(0) </u>	
		EMENT I hereby certify sin Automobile Insurance											
Plan to the applicant, and I have provided the applicant with an estimated cost of insurance based on the information provided. (3) If the policy is canceled or a change is made resulting in a return premium, I agree to return the unearned commission portion											rtion		
		nium. (4) This application											
		e Plan. (5) I have tried a											
marketplace within the preceding 60 days. (6) The producer does not represent the Servicing Carrier nor the Plan, in any way, and has no authority to bind, change, alter or terminate coverage or issue certificates of insurance.													
PRODUCER'S													
A D DI	ICANIT'S STATI	EMENT I declare and	cortify th			o trio	d to d	obtoin o	uto	mobile incurance	DATE	thic c	toto
withir	the preceding	60 days. (2) To the be	st of m	y knowle	edge	and	belief	all sta	tem	ents contained in	n this application	are t	rue.
(3) I	realize that my	misleading information	or failur	e to dis	sclos	e requ	uired	informa	tion	will not be cor	nsidered good fai	th on	my
	part and will prejudice my application for insurance. (4) I understand that the insurance cost provided to me is an estimate and I												
hereby agree to pay all premiums when due. (5) I do not owe any premium to the Plan or any carrier subscribing to the Plan for auto- insurance. (6) I designate as producer of record the producer named in this application and I understand this person is not acting													
	as an agent of a company for the purposes of insurance. (7) I understand this is an application for insurance, not an insurance												
	binder, and insurance coverage will not become effective until I am notified by the Plan or Servicing Carrier.												
	APPLICANT'S SIGNATURE DATE												
NOT	CE TO APPLIC	ANT AND PRODUCER	- In the			wledae	ment	of cov	erac	le is not received		notify	the
Plan	office at: 2200	N. Mayfair Road, Box 26	6469, W	auwatos	a, W	/I_532	26, oi	r mail t	o, F	P.O. Box 3080, N	Milwaukee, WI 53	201-30)80.

ACORD 177 WI (8/97)