



# WISCONSIN AUTOMOBILE INSURANCE PLAN TRUCKERS APPLICATION

DATE

PRODUCER'S NAME & ADDRESS		PHONE (A/C, No, Ext):
LICENSE #:		
CODE:	SUBCODE:	
AGENCY CUSTOMER ID	PRODUCER'S IRS OR SOCIAL SECURITY #	

APPLICATION MUST BE PRINTED IN INK OR TYPED AND SIGNED BY APPLICANT AND PRODUCER

MAIL TO: WISCONSIN AUTOMOBILE INSURANCE PLAN  
P.O. BOX 3080  
MILWAUKEE, WI 53201-3080  
(414) 479-2609

ALL QUESTIONS MUST BE COMPLETED, OR INDICATED IF "NOT APPLICABLE"

1. APPLICANT'S NAME & ADDRESS	BUSINESS OF APPLICANT	TELEPHONE # (A/C, No, Ext)
	KEY CONTACT IF OTHER THAN APPLICANT	CONTACT TELEPHONE # (A/C, No, Ext)
	TYPE OF ENTITY	

TYPE OF CARRIER				
<input type="checkbox"/> REGULAR ROUTE COMMON	<input type="checkbox"/> EXEMPT COMMODITIES	<input type="checkbox"/> IRREGULAR ROUTE COMMON	<input type="checkbox"/> LOCAL CARTAGE	
<input type="checkbox"/> PRIVATE WITH TOTO AUTHORITY	<input type="checkbox"/> INDEPENDENT CONTRACT	<input type="checkbox"/> COMPENSATED INTERCORPORATE	<input type="checkbox"/> SHIPPER-OWNED CONTRACT	

2. EFFECTIVE DATE OF COVERAGE (Coverage will become effective in accordance with Plan Rules)	
REQUESTED EFFECTIVE DATE	EFFECTIVE DATE OF COVERAGE (TO BE COMPLETED BY THE SERVICING CARRIER)

3. MANDATORY ATTACHMENTS (IMPORTANT: Coverage will not be bound without this information)

A. LAST THREE YEARS LOSS EXPERIENCE ON PRIOR INSURERS' COMPUTER PRINTOUT OR LETTERHEADS  
 B. IF REQUIRED LIMITS OF LIABILITY EXCEED \$750,000, CURRENT MVR'S FOR ALL DRIVERS  
 C. IF APPLICANT EMPLOYS OWNER-OPERATOR OR TRIP LEASERS, COPIES OF THESE CONTRACTS USED

NOTE: IF ANY OF THE ACCIDENTS APPEARING ON THE LOSS EXPERIENCE INDICATE THE DRIVER WAS NOT NEGLIGENT OR AT FAULT, PLEASE SUBMIT SUCH PROOF (I.E. ACCIDENT REPORT, ETC)

COVERAGES	LIMITS OF LIABILITY	(COMPANY USE ONLY) COVERED AUTO SYMBOLS			
LIABILITY INSURANCE	\$ ,000 PER ACCIDENT				
AUTO MEDICAL PAYMENTS	\$1,000 PER PERSON*				
UNINSURED MOTORISTS	\$50,000 PER ACCIDENT				
UNDERINSURED MOTORISTS	\$100,000 PER ACCIDENT**				
* APPLICANT REJECTS MEDICAL PAYMENTS COVERAGE ON:		ALL UNITS	UNITS #:		
** APPLICANT REJECTS UNDERINSURED MOTORISTS COVERAGE ON:		ALL UNITS			

5. HIRED AUTO EMPLOYERS NON-OWNERSHIP (Complete if such coverage is desired/required)			
HIRED AUTOMOBILE LIABILITY	STATES	CODE	COST OF HIRE
NON-TRUCKERS HIRED AUTOMOBILE LIABILITY	STATES	CODE	
NON-OWNED AUTOS	STATES	CODE	# OF EMPLOYEES

6. LIMITS OF LIABILITY	
APPLICANT IS SUBJECT TO REQUIREMENTS OF:	
WISCONSIN DEPARTMENT OF TRANSPORTATION	U.S. DEPARTMENT OF TRANSPORTATION AND/OR INTERSTATE COMMERCE COMMISSION
\$	\$

7. FINANCIAL RESPONSIBILITY			
DOES THE APPLICANT OR AN EMPLOYEE OF THE APPLICANT REQUIRE SR-22 FILING?	YES	NO	
NAME	BIRTH DATE	DRIVER'S LICENSE NUMBER	

**8. COMMERCIAL VEHICLES -- OWNED AND LEASED FROM OTHERS ON LONG TERM BASIS**

UNIT #	A. YEAR, MAKE, TYPE, AND LOAD BODY			B. SERIAL NUMBER			C. GVW OR GCW		D. # OF AXLES		E. RADIUS (AIR MILES)	
(COMPANY USE ONLY)												
F. OWNER IF OTHER THAN APPLICANT	G. SIZE CLASS L-M-H-EH	H. BUS USE S-R-C	I. RADIUS L-I-LD	J. CLASS CODE	K. ZONE COMBI-NATION CODE	L. PRI-MARY FACTOR	M. SEC-ONDARY FACTOR	N. TOTAL FACTOR	O. TERRI-TORY	P. CHK IF SR-22 FILING SURCHG		
1	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
2	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
3	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
4	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
5	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
6	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
7	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
8	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
9	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
10	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
11	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
12	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	
13	A.			B.			C.		D.		E.	
F.		G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	

ALL UNITS ARE GARAGED AT THE ADDRESS IN ITEM 1 EXCEPT

UNITS #	ARE GARAGED AT	UNITS #	ARE GARAGED AT

ATTACH SUPPLEMENTAL VEHICLE SCHEDULE FOR ANY ADDITIONAL VEHICLES

**9. RECEIPTS**

GROSS RECEIPTS		PRINCIPAL SHIPPERS
PAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS	
\$	\$	

**10. TERMINALS**

#	NAME AND ADDRESS OF TERMINALS	UNIT #(s) OF VEHICLES	DISTANCE FROM GARAGE

**11. ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS**

AUTO #	NAME AND ADDRESS	INT	CERT	AUTO #	NAME AND ADDRESS	INT	CERT

**12. GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNDER "REMARKS" ON PAGE 4	YES	NO
A. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?		
B. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?		
C. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITHOUT OPERATORS?		
D. DOES APPLICANT HAUL FOR OTHER TRUCKERS?		
E. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA?		
F. IF APPLICANT EMPLOYS OWNER/OPERATORS ON A LONG TERM BASIS DOES APPLICANT REQUIRE THEM TO FURNISH CERTIFICATES OF NON-TRUCKING (BOBTAIL) LIABILITY INSURANCE?		

**13. RADIUS BREAKDOWN (One-Way Air Miles)**

TRIPS WITHIN 50 MILES	TRIPS 51 TO 200 MILES	TRIPS OVER 200 MILES
%	%	%

**14. METROPOLITAN AREAS**

"X" BOX FOR EACH OF THE METROPOLITAN AREAS LISTED BELOW TO WHICH OR FROM WHICH APPLICANT WILL BE TRANSPORTING GOODS															
<input type="checkbox"/>	ATLANTA, GA	<input type="checkbox"/>	CHICAGO, IL	<input type="checkbox"/>	DETROIT, MI	<input type="checkbox"/>	JACK, FL	<input type="checkbox"/>	MEMPHIS, TN	<input type="checkbox"/>	N ORLEANS, LA	<input type="checkbox"/>	PHOENIX, AZ	<input type="checkbox"/>	ST PAUL, MN
<input type="checkbox"/>	BALT, MD	<input type="checkbox"/>	CINN, OH	<input type="checkbox"/>	FT WORTH, TX	<input type="checkbox"/>	K CITY, MO	<input type="checkbox"/>	MIAMI, FL	<input type="checkbox"/>	NY CITY, NY	<input type="checkbox"/>	PITTSBURGH, PA	<input type="checkbox"/>	S L CITY, UT
<input type="checkbox"/>	BOSTON, MA	<input type="checkbox"/>	CLEVE, OH	<input type="checkbox"/>	HARTFORD, CT	<input type="checkbox"/>	L ROCK, AR	<input type="checkbox"/>	MILW, WI	<input type="checkbox"/>	OKLA CITY, OK	<input type="checkbox"/>	PORT, OR	<input type="checkbox"/>	S FRAN, CA
<input type="checkbox"/>	BUFFALO, NY	<input type="checkbox"/>	DALLAS, TX	<input type="checkbox"/>	HOUSTON, TX	<input type="checkbox"/>	L ANGELES, CA	<input type="checkbox"/>	MPLS, MN	<input type="checkbox"/>	OMAHA, NE	<input type="checkbox"/>	RICHMOND, VA	<input type="checkbox"/>	TULSA, OK
<input type="checkbox"/>	CHAR, NC	<input type="checkbox"/>	DENVER, CO	<input type="checkbox"/>	IND, IN	<input type="checkbox"/>	LOUIS, KY	<input type="checkbox"/>	NASH, TN	<input type="checkbox"/>	PHIL, PA	<input type="checkbox"/>	ST LOUIS, MO	<input type="checkbox"/>	WASH, DC

**15. STATES OF OPERATION**

ON THE MAP BELOW USE A PEN OR PENCIL TO SHADE IN THE STATES TRAVERSED BY APPLICANT'S OPERATIONS.

**16. COMMODITIES HAULED**

BE SPECIFIC. SHOW % OF TOTAL LOADS FOR EACH COMMODITY.

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**17. PRIOR INSURER**

MOST RECENT AUTO LIABILITY INSURER	POLICY #	TERMINATION DATE	DOES APPLICANT STILL OWE PREMIUMS TO ANY INSURER? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR TERMINATION			

**18. FILINGS (Attach copies of RS-1 and RS-2)**

BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE CERTIFICATION TO MOTOR CARRIER REGULATORY AGENCIES. NAME AND ADDRESS MUST BE THE SAME AS ON PERMITS. IF THIS DIFFERS FROM ITEM 1, GIVE CORRECT NAME AND ADDRESS FOR FILINGS IN "REMARKS" SECTION.

**NOTE: THERE IS A \$10 FEE FOR EACH FILING. THIS MONEY MUST ACCOMPANY THE APPLICATION.**

<input type="checkbox"/> WISCONSIN DEPARTMENT OF TRANSPORTATION BI-PD FILING	PERMIT NUMBER: _____
<input type="checkbox"/> WISCONSIN DEPARTMENT OF TRANSPORTATION OVERSIZE/OVERWEIGHT FILING	
<input type="checkbox"/> INTERSTATE COMMERCE COMMISSION BI-BD FILING	DOCKET NUMBER: _____
<input type="checkbox"/> SINGLE STATE REGISTRATION - BASE REGISTRATION STATE: _____	

**OTHER STATES (INDICATE BY WITH AN 'X')**

<input type="checkbox"/> AL	<input type="checkbox"/> CA	<input type="checkbox"/> DE	<input type="checkbox"/> ID	<input type="checkbox"/> IA	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> NE	<input type="checkbox"/> NJ	<input type="checkbox"/> NC	<input type="checkbox"/> OK	<input type="checkbox"/> RI	<input type="checkbox"/> TN	<input type="checkbox"/> VT	<input type="checkbox"/> WV
<input type="checkbox"/> AZ	<input type="checkbox"/> CO	<input type="checkbox"/> FL	<input type="checkbox"/> IL	<input type="checkbox"/> KS+	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MO	<input type="checkbox"/> NV	<input type="checkbox"/> NM	<input type="checkbox"/> ND	<input type="checkbox"/> OR	<input type="checkbox"/> SC	<input type="checkbox"/> TX+	<input type="checkbox"/> VA	<input type="checkbox"/> WY
<input type="checkbox"/> AR	<input type="checkbox"/> CT	<input type="checkbox"/> GA	<input type="checkbox"/> IN+	<input type="checkbox"/> KY	<input type="checkbox"/> MD	<input type="checkbox"/> MN	<input type="checkbox"/> MT+	<input type="checkbox"/> NH	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> PA+	<input type="checkbox"/> SD	<input type="checkbox"/> UT	<input type="checkbox"/> WA	<input type="checkbox"/> WY

OTHER BI-PD FILINGS	NUMBER OF FILINGS REQUESTED
	x \$10 = \$ _____ FILING FEES

**19A. ESTIMATED ANNUAL PREMIUM**

\$ \_\_\_\_\_

**19B. DEPOSIT PREMIUM**

DEPOSIT PREMIUM WITH APPLICATION (REFER TO WISCONSIN AUTO INSURANCE PLAN RULES) (CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER OR AGENT'S CHECK ONLY -- PAYABLE TO THE WISCONSIN AUTO INSURANCE PLAN)	1. AFTER PAYMENT OF DEPOSIT, BALANCE OF PREMIUM TO BE PAID WITHIN 30 DAYS OF PREMIUM NOTICE 2. INSTALLMENT PLAN (REFER TO WISCONSIN AUTO INSURANCE PLAN RULES FOR INFORMATION REGARDING ELIGIBILITY)
\$ _____	

**19C. PAYMENT PLAN OPTIONS**

**STATEMENTS**

**PRODUCER'S STATEMENT --** I hereby certify as follows: (1) I am an insurance agent licensed by the state of Wisconsin. (2) I have reviewed the Wisconsin Automobile Insurance Plan Manual, and I have explained, to the best of my ability, the provisions of the 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 of such return premium. (4) This application is submitted pursuant to the effective date provisions contained in the Wisconsin Automobile Insurance Plan. (5) I have tried and been unable to place coverage, at any price, for this applicant in the voluntary 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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT'S STATEMENT --** I declare and certify that: (1) I have tried to obtain automobile insurance, at any price, in this state within the preceding 60 days. (2) To the best of my knowledge and belief all statements contained in this application are true. (3) I realize that my misleading information or failure to disclose required information will not be considered good faith 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 \_\_\_\_\_

**NOTICE TO APPLICANT AND PRODUCER --** In the event acknowledgement of coverage is not received within 30 days, notify the Plan office at: 2200 N. Mayfair Road, Box 26469, Wauwatosa, WI 53226, or mail to, P.O. Box 3080, Milwaukee, WI 53201-3080.

**REMARKS**