



WISCONSIN AUTOMOBILE INSURANCE PLAN BUSINESS AUTO APPLICATION

DATE (MM/DD/YYYY)

PRODUCER'S NAME & ADDRESS		PHONE (A/C, No, Ext):	(NOTE: TO BE USED FOR ALL COMMERCIAL RISKS OTHER THAN TRUCKERS) 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 (262) 796-4599 ALL QUESTIONS MUST BE COMPLETED, OR INDICATED IF "NOT APPLICABLE"
AGENT'S LICENSE #	PRODUCER'S IRS OR SOCIAL SECURITY #		
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)
FEDERAL EMPLOYER IDENTIFICATION NUMBER:			LEGAL STATUS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER:
			YEARS IN BUSINESS

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 FOUR YEARS LOSS EXPERIENCE ON PRIOR INSURERS' COMPUTER PRINTOUT OR LETTERHEADS
 B. IF REQUIRED LIMITS OF LIABILITY EXCEED \$1,000,000, CURRENT MVR'S FOR ALL DRIVERS
 C. COPY OF POLICY DECLARATIONS AND VEHICLE SCHEDULE PAGES FOR ALL DRIVERS ON FAST FOOD DELIVERY
 D. COPY OF ALL LEASE / PREMIUM FINANCE AGREEMENTS

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)

4. COVERAGES/LIMITS

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: <input type="checkbox"/> ALL UNITS UNITS #: _____					
** APPLICANT REJECTS UNDERINSURED MOTORISTS COVERAGE ON: <input type="checkbox"/> ALL UNITS UNITS #: _____					
HIRED/BORROWED AUTOMOBILE LIABILITY	STATES	CODE	COST OF HIRE		
COST OF HIRE MEANS THE TOTAL AMOUNT YOU INCUR FOR THE HIRE OF AUTOS YOU DON'T OWN (NOT INCLUDING AUTOS YOU BORROW OR RENT FROM YOUR EMPLOYEES OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.					
COVERED AUTOS BORROWED FROM YOUR EMPLOYEES OR MEMBERS OF THEIR HOUSEHOLDS	STATES	CODE	# OF EMPLOYEES		
FAST FOOD DELIVERY	# OF DRIVERS	# OF LOCATIONS	AVERAGE # OF DRIVERS PER LOCATION		

5. DESCRIPTION AND USE OF VEHICLES TO BE INSURED

COV'RD AUTO #	DESCRIPTION YEAR, MODEL, TRADE NAME, BODY TYPE, SERIAL NUMBER(S), VEHICLE IDENTIFICATION NUMBER (VIN)	TERRITORY TOWN AND STATE WHERE COVERED AUTO WILL BE PRINCIPALLY GARAGED	RADIUS OF OPERATION	CLASSIFICATION		
				BUSINESS USE S=SERVICE R=RETAIL C=COMM'L	SIZE GVW, GCW, OR SEATING CAPACITY	CLASS CODE

ATTACH SUPPLEMENTAL VEHICLE SCHEDULE FOR ANY ADDITIONAL VEHICLES

6. ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

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

7. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES ON A SEPARATE SHEET OF PAPER	YES	NO
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?		
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?		

8. FINANCIAL RESPONSIBILITY

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

9. FILINGS

IS FILING REQUIRED TO COMPLY WITH:	I.C.C. REGULATIONS	SINGLE STATE REGISTRATION -- BASE REGISTRATION STATE: _____	OTHER STATE REGULATIONS
	LOCAL ORDINANCE	OVERSIZE - OVERWEIGHT	
IF BLOCK CHECKED, LIST STATE(S) AND CITIES REQUIRING FILINGS AND LIMITS OF LIABILITY REQUIRED BY LAW			
NAME IN WHICH FILING SHOULD BE MADE	FILE OR DOCKET #	# FILINGS REQUESTED	(SEE MANUAL RULES FOR FILING CHARGES WHICH SHOULD BE SUBMITTED IN ADDITION TO THE DEPOSIT PREMIUM.)

10. HAZARDOUS MATERIALS

WILL APPLICANT TRANSPORT ANY POTENTIAL POLLUTANTS (FLUIDS, GASES, CHEMICALS, ETC?)	YES	NO
IF YES, INCLUDE DETAILS OF QUANTITIES, DESTINATIONS, AUTO(S) INVOLVED		

11. PRIOR INSURER

MOST RECENT AUTO LIABILITY INSURER	POLICY #	TERMINATION DATE	DOES APPLICANT STILL OWE PREMIUMS TO ANY INSURER?
			YES NO
REASON FOR TERMINATION			

12A. ESTIMATED ANNUAL PREMIUM

\$ _____

12B. PREMIUM FINANCE

IS ANNUAL PREMIUM FINANCED? IF "YES", LIST COMPANY BELOW:
 YES NO

12C. DEPOSIT PREMIUM (Refer to Wisconsin Auto Insurance Plan Rules)

DEPOSIT PREMIUM WITH APPLICATION (CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER, BANK DRAFT OR PRODUCER / AGENCY CHECK ONLY - PAYABLE TO WISCONSIN AUTO INSURANCE PLAN.)
 \$ _____

12D. PAYMENT PLAN OPTIONS (Check One)

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)

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 within 45 days. (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: 20700 Swenson Drive, Suite 100, Waukesha, WI 53186, or mail to, P.O. Box 3080, Milwaukee, WI 53201-3080.