



WISCONSIN AUTOMOBILE INSURANCE PLAN PRIVATE PASSENGER AUTO APPLICATION

DATE (MM/DD/YYYY)

1. PRODUCER'S NAME & ADDRESS PHONE (A/C, No, Ext):		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 #	CURRENT MVR (WITHIN 90 DAYS) FOR ALL DRIVERS MUST BE SUBMITTED WITH APPLICATION IF APPLICABLE, SUBMIT COPY OF PREMIUM FINANCE AGREEMENT
2. APPLICANT'S NAME & ADDRESS		HOME TELEPHONE # (A/C, No, Ext) BUSINESS TELEPHONE # (A/C, No, Ext)
		OCCUPATION
		EMPLOYER'S NAME

3. VEHICLE DESCRIPTION / 4. USE

3a. VEHICLE 1	YEAR	MAKE	MODEL NAME & BODY STYLE	3b. VEHICLE 2	YEAR	MAKE	MODEL NAME & BODY STYLE		
VEHICLE IDENTIFICATION NUMBER		CYLS	HP/CUB IN/CC	VEHICLE IDENTIFICATION NUMBER		CYLS	HP/CUB IN/CC		
PURCHASED MO	YR	NEW USED	COST	DAMAGED	ALTERED	DAMAGED GLASS	GARAGED YES NO		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LIENHOLDER		NAME		STREET		CITY	STATE ZIP CODE		
<input type="checkbox"/>	VEH 1	<input type="checkbox"/>	VEH 2						
4a. USE - VEHICLE 1				4b. USE - VEHICLE 2					
PRINCIPAL PLACE OF GARAGING			MILES TO WORK OR TRANSPRTN	ESTIMATED ANNUAL MILEAGE	PRINCIPAL PLACE OF GARAGING			MILES TO WORK OR TRANSPRTN	ESTIMATED ANNUAL MILEAGE
STATE REGISTERED IN	NAME & ADDRESS OF OWNER AS APPEARS ON REGISTRATION			STATE REGISTERED IN	NAME & ADDRESS OF OWNER AS APPEARS ON REGISTRATION				
TERRITORY	RATE CLASS	PENALTY POINTS	SYMBOL	AGE GROUP	TERRITORY	RATE CLASS	PENALTY POINTS	SYMBOL	AGE GROUP

5. COVERAGES (As Provided by the Rules of the Plan)

SAME LIMITS OF LIABILITY MUST BE PURCHASED FOR BOTH VEHICLES

	VEHICLE - 1		VEHICLE - 2	
	LIMITS/DEDUCTIBLES	PREMIUMS	LIMITS/DEDUCTIBLES	PREMIUMS
BODILY INJURY LIABILITY				
PROPERTY DAMAGE LIABILITY				
MEDICAL PAYMENTS				
UNINSURED MOTORISTS				
UNDERINSURED MOTORISTS				
COMPREHENSIVE AND COLLISION				
TOTAL PREMIUM		\$		\$

VEH #1: ACCEPT REJECT MEDICAL PAYMENTS
 VEH #2: ACCEPT REJECT MEDICAL PAYMENTS

TOTAL PREMIUM VEHICLES 1 AND 2 \$ _____

6. PAY PLANS (As Applicable)

FULL ANNUAL PREMIUM
 OPTION 1 -- ADVANCE PREMIUM PAYMENT AS PROVIDED BY THE RULES OF THE PLAN
 OPTION 2 -- INSTALLMENT PREMIUM PAYMENT AS PROVIDED BY THE RULES OF THE PLAN (NOT AVAILABLE IF PREMIUM IS FINANCED)

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

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

7. OPERATOR INFORMATION

APPLICANT AND OTHER DRIVERS	RELATIONSHIP TO APPLICANT	% USE OF		BIRTH DATE (MM/DD/YY)	SEX (M/F)	M/S*	DRIVER'S LICENSE NUMBER AND STATE	LICENSED 3 YEARS	
		VEH 1	VEH 2					YES	NO -- GIVE DATE ISSUED
APPLICANT	APPLICANT								

*M/S -- MARITAL STATUS: S -- SINGLE, M -- MARRIED, W -- WIDOWED, D -- DIVORCED, SEP -- SEPARATED

8. INSURANCE RECORD (If insufficient space, attach separate sheet)

NAME OF LATEST CARRIER		POLICY NUMBER		TERMINATION DATE	IS COVERAGE THROUGH PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS 4-YEAR ASSIGNMENT COMPLETED? IF "NO", SPECIFY REASON TERMINATED. <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE ANY OTHER VEHICLES OWNED BY ANY MEMBER OF HOUSEHOLD? IF "YES", GIVE NAME OF INSURER AND POLICY NUMBER. <input type="checkbox"/> YES <input type="checkbox"/> NO		

9. ACCIDENTS (If insufficient space, attach separate sheet)

HAS APPLICANT, OR ANYONE WHO USUALLY DRIVES THE APPLICANT'S MOTOR VEHICLE(S), BEEN INVOLVED, EITHER AS OWNER OR OPERATOR, IN ANY MOTOR VEHICLE ACCIDENT DURING THE PAST THIRTY-SIX MONTHS?						YES	NO	IF "YES", COMPLETE THE FOLLOWING:	
NAME OF OPERATOR	ACCIDENT DATE	PLACE OF ACCIDENT		BODILY INJ OR DEATH		PROPERTY DAMAGE AMOUNT			
		TOWN	STATE	YES	NO				
						\$			
						\$			
						\$			

IF THE ANSWERS TO ANY OF THE FOLLOWING ARE "YES", SO STATE AND GIVE DATE OF ACCIDENT:

1. APPLICANT'S MOTOR VEHICLE LAWFULLY PARKED	YES	DATE OF ACCIDENT
2. APPLICANT REIMBURSED BY OR ON BEHALF OF PERSON RESPONSIBLE FOR THE ACCIDENT OR HAS JUDGMENT AGAINST SUCH PERSON		
3. APPLICANT'S MOTOR VEHICLE STRUCK IN REAR AND APPLICANT OR OPERATOR WAS NOT CONVICTED		
4. OTHER PERSON INVOLVED IN ACCIDENT WAS CONVICTED. APPLICANT OR OPERATOR WAS NOT CONVICTED		
5. DAMAGED BY "HIT-OR-RUN" DRIVER AND ACCIDENT REPORTED TO THE POLICE WITHIN 24 HOURS FROM TIME OF ACCIDENT		
6. OTHER TYPE OF ACCIDENT -- NON-CHARGEABLE UNDER PROVISIONS OF THE PLAN (IF "YES", DESCRIBE ACCIDENT ON SEPARATE SHEET)		

10. MOTOR VEHICLE CONVICTIONS (If insufficient space, attach separate sheet)

HAS APPLICANT, OR ANYONE WHO USUALLY DRIVES THE APPLICANT'S MOTOR VEHICLE(S), BEEN CONVICTED OR FORFEITED BAIL AT ANY TIME DURING THE IMMEDIATELY PRECEDING THIRTY-SIX MONTHS FOR A VIOLATION ARISING OUT OF THE USE OF A MOTOR VEHICLE? IF "YES", COMPLETE THE FOLLOWING. NOTE: A PAID TICKET OR FINE IS AN ADMISSION OF GUILT AND THEREFORE CONSTITUTES A CONVICTION.						YES	NO
NAME OF OPERATOR	DATE OF CONVICTION	DID CONVICTION ARISE AS A RESULT OF ACC		NATURE OF VIOLATION	PLACE OF CONVICTION		
		YES	NO		TOWN	STATE	

11. FINANCIAL RESPONSIBILITY

IS APPLICANT OR OTHER ELIGIBLE OPERATOR REQUIRED TO FILE EVIDENCE OF FINANCIAL RESPONSIBILITY?				YES	NO	IF "YES", COMPLETE BELOW:	
NAME	STATE WHERE FILING REQUIRED	CASE OR FILE NUMBER		REASON FOR FILING			

12. NON-OWNER (Not available if any motor vehicles are owned by the applicant or any member of the household)

ANSWER BELOW IF APPLICATION IS FOR A NON-OWNER POLICY:

(A) TYPE OF VEHICLE APPLICANT WILL OPERATE: PRIVATE PASSENGER COMMERCIAL TAXI OR BUS OTHER (DESCRIBE): _____

(B) VEHICLE WILL BE OPERATED IN APPLICANT'S OCCUPATION OR BUSINESS: YES NO

(C) IS VEHICLE OWNED BY A MEMBER OF THE HOUSEHOLD? YES NO

IF (B) OR (C) IS ANSWERED "YES", GIVE NAME OF INSURANCE COMPANY PROVIDING LIABILITY COVERAGE: _____

13. U.S. MILITARY (Answer below if applicant or operator named in item 7 is in armed forces)

COMPLETE SERVICE ADDRESS INCLUDING STATE AND NEAREST CITY	GIVE ADDRESS WHERE MAIL WILL ALWAYS REACH YOU EVEN THOUGH YOU MIGHT BE TRANSFERRED	
	NAME	RELATIONSHIP
	ADDRESS, CITY, STATE & ZIP CODE	

NOTICES

FAIR CREDIT REPORTING ACT NOTICE: In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

PRODUCER'S STATEMENT -- I hereby certify as follows: (1) I have tried to obtain automobile insurance, at any price, for this applicant in the voluntary marketplace in this state within the preceding 60 days. (2) I am an insurance agent licensed by the state of Wisconsin. (3) I have explained to the best of my ability the provisions of the Wisconsin Automobile Insurance Plan to the applicant and have included in this application all required information given to me by the applicant. (4) 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. (5) This application is submitted pursuant to the effective date provisions contained in the Wisconsin Automobile Insurance Plan. (6) I have reviewed the Plan Manual and have provided the applicant with a premium quote based on the information provided. (7) The producer does not represent the Assigned Company nor the Plan, in any way, nor has the authority to bind coverage. **PRODUCER'S SIGNATURE** _____ **DATE** _____

APPLICANT'S STATEMENT -- I declare and certify that: (1) I have tried and failed 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 and these statements are offered as an inducement to the Company to issue the policy for which I am applying. (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 hereby agree to pay all premiums when due. (5) I do not owe any insurance company for automobile insurance premiums due or contracted during the immediately preceding 12 months. (6) I designate as producer of record the producer named in this application and I understand he is not acting as an agent of any company for the purposes of this 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. **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.