

# WISCONSIN AUTOMOBILE INSURANCE PLAN

SRDP SERVICING CARRIER

## CHARGE-OFF REQUEST FORM

(For Charge-offs of \$20,000 or more & policy effective on/after 1/1/07)

To: Wisconsin Automobile Insurance Plan  
20700 Swenson Drive Suite 100  
Waukesha, WI 53186

Date: \_\_\_\_\_

Name of Risk: \_\_\_\_\_

Policy No: \_\_\_\_\_

Address of Risk: \_\_\_\_\_

Policy Term: \_\_\_\_\_

Gross amount of uncollected premium  
To be charged back to the Plan: \$ \_\_\_\_\_

(ATTACH COPIES OF BILLINGS, AUDITS OR OTHER SUBSTANTIATION)

**We request approval of the above charge-off as we have exhausted all possible remedies in our attempt to collect this premium due.** Plan coverage provided by our company was terminated on \_\_\_\_\_ and to the best of our knowledge this risk has no automobile liability insurance in force. We believe the amount due is uncollectible because:

- A. \_\_\_\_ The risk has declared bankruptcy (Chapter 7) **SEE COPY OF COURT ORDER ATTACHED.**
- B. \_\_\_\_ The insured is out-of-business.  
**SEE CORRESPONDENCE OR OTHER SUBSTANTIATION ATTACHED.**
- C. \_\_\_\_ Other. **PLEASE EXPLAIN IN DETAIL AND ATTACH FULL SUBSTANTIATION.**  
(Use separate sheet, if necessary.)

From: Name and address of servicing carrier

By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print)  
\_\_\_\_\_  
(Telephone No.)