

**WISCONSIN
AUTOMOBILE
INSURANCE
PLAN**

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PLAN LETTER +%%—C7 HCBER *, 200,

TO: Members of the Plan
FROM: Donna Knepper
RE: Commercial Servicing Carrier Vacancy

We have been notified by one of Wisconsin's Automobile Insurance Plan servicing carriers that they are resigning their position as a commercial automobile servicing carrier. The resignation will be effective January 1, 2009.

As a result of this change, the Governing Committee of the Wisconsin Automobile Insurance Plan will be considering replacement for this new vacancy. If your organization has an interest in being considered for this WAIP servicing carrier role, please complete the application form (Supplement A) found in the appendix of the Wisconsin Automobile Insurance Plan Manual and attached to this Plan Letter, by November 1, 2008. You can complete the form on-line; print, sign, and mail, fax, or e-mail to our office

**WISCONSIN
AUTOMOBILE
INSURANCE
PLAN**

**APPLICATION FOR APPOINTMENT AS A SERVICING CARRIER
UNDER THE SPECIAL RISK DISTRIBUTION PROCEDURE
OF THE WISCONSIN AUTOMOBILE INSURANCE PLAN**

Note: An insurer must meet the following criteria before submitting an application for appointment as a servicing carrier in Wisconsin:

1. The insurer must have been licensed to write automobile insurance in Wisconsin for at least the last five years.
2. The insurer must be able to price and service all commercial automobile risks eligible for coverage through the Wisconsin Automobile Insurance Plan.
3. The insurer must have the necessary facilities and staff to provide the same level of service it provides in the voluntary market, including policy, claim, and loss control services.
4. The insurer must have the ability and staff to carry out all procedures and submit all reports required by AIPSO under the appropriate statistical plan.
5. The insurer must not be under the same management or ownership as the other servicing carriers.

If your company is able to meet all of these requirements, please complete the application and submit it in duplicate to:

Wisconsin Automobile Insurance Plan
20700 Swenson Drive, Suite 100
Waukesha, WI 53186
262-796-4599

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1. COMPANY NAME:

2. HOME OFFICE ADDRESS:

PHONE NUMBER:

3. WISCONSIN OFFICE ADDRESS:

PHONE NUMBER:

4. GROUP AFFILIATION (IF ANY):

5. SERVICE FACILITIES:

A. Policy Issuance and Service
ADDRESS:

NAME OF PERSON IN CHARGE:
PHONE NUMBER:

B. Claim Service
ADDRESS:

NAME OF PERSON IN CHARGE:
PHONE NUMBER:

C. Premium Billing Service
ADDRESS:

NAME OF PERSON IN CHARGE:
PHONE NUMBER:

D. Statistical Reporting Service

ADDRESS:

NAME OF PERSON IN CHARGE:

TELEPHONE NUMBER:

6. Company's latest policyholders service rating per Best's Key Rating Guide is

Edition Date

7. Is your company licensed to write commercial automobile liability in all states? If not, where aren't you licensed?

8. Are you authorized to make regulatory filings with the Interstate Commerce Commission and the various states? If not, list exceptions.

9. Please provide any other information about your company which is pertinent to your application.

We certify that the information contained in this application is true and correct and request appointment as servicing carrier under the Special Risk Distribution Procedure of the Wisconsin Automobile Insurance Plan.

COMPANY NAME:

NAME AND TITLE OF COMPANY OFFICER:

(type or print)

DATE SUBMITTED: COMPAN

Y OFFICER—AUTHORIZED SIGNATURE