



SUBMIT COMPLETED APPLICATION TO THIS OFFICE – Send submission documents and paper check to the Office of the Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873 or overnight to 101 East Wilson Street, Madison, WI 53703.

On behalf of the \_\_\_\_\_ at  
(Name of Company or Association)

\_\_\_\_\_  
(Address) (Phone)

which was duly organized under the laws of the State of \_\_\_\_\_  
(State)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

application is hereby made for a license authorizing and empowering this company to transact the following motor club services in the State of Wisconsin under the laws thereof, during the year ending July 1, 20\_\_\_\_.

Indicate specifically the motor club services desired in this state by checking the services to be transacted. (As defined in ss. 616.71 to 616.82, inclusive, Wis. Stat.)

- |                          |                           |                          |                               |
|--------------------------|---------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | 1. Towing Service         | <input type="checkbox"/> | 7. Financial Service          |
| <input type="checkbox"/> | 2. Emergency Road Service | <input type="checkbox"/> | 8. Buying and Selling Service |
| <input type="checkbox"/> | 3. Insurance Service      | <input type="checkbox"/> | 9. Theft Service              |
| <input type="checkbox"/> | 4. Bail Bond Service      | <input type="checkbox"/> | 10. Map Service               |
| <input type="checkbox"/> | 5. Legal Service          | <input type="checkbox"/> | 11. Touring Service           |
| <input type="checkbox"/> | 6. Discount Service       |                          |                               |

The annual statement of the \_\_\_\_\_  
(Company or Association)

for the fiscal year ending \_\_\_\_\_ together with all other papers and documents required by your department are enclosed herewith.

Filing Contact		Federal Employer ID #
Filing Contact Email	Phone	Date
President or General Manager Signature		Date
Secretary Signature		Date

**MOTOR CLUB - GUARANTEED ARREST BOND CERTIFICATE**

**DECLARATION OF LIABILITY AS SURETY**

\_\_\_\_\_, a corporation  
(Insurance Company)

organized and existing under the laws of the State of \_\_\_\_\_, and authorized to transact the business of suretyship in the State of Wisconsin (hereinafter referred to as "Corporation"), in compliance with the provisions of s. 345.61, Wis. Stat., executes this undertaking to be filed with the Commissioner of Insurance of the State of Wisconsin, whereby it obligates itself as follows:

(1) The Corporation agrees to be bound as surety on guaranteed arrest bond certificates issued by \_\_\_\_\_ to its members  
(see s. 345.61 (2) (a), Wis. Stat.)

for the license period expiring by lapse of time not later than July 1, \_\_\_\_\_, and all succeeding license periods of which renewals of Certificate of Authority issued to said motor club are applicable.

(2) The Corporation unqualifiedly obligates itself to pay the fine or forfeiture in an amount not to exceed \$200, or \$1,000 for violations of ch. 348, Wis. Stat., of any person who, after posting a guaranteed arrest bond certificate with respect to which the surety company has undertaken to be surety, fails to make the appearance to guarantee which, the guaranteed arrest bond certificate was posted.

(3) The term "Guaranteed arrest bond certificate" as used herein means any printed card or other certificate issued by \_\_\_\_\_ to any of its  
(party or parties named in (1) above)

members or insureds, which card or certificate is signed by the member of insured and contains a printed statement that \_\_\_\_\_ and  
(party or parties named in (1) above)

\_\_\_\_\_ guarantee the appearance of the  
(insurance company)

person whose signature appears on the card or certificate and that they will in the event of failure of the person to appear in court at the time of trial, pay any fine or forfeiture imposed on the person in an amount not exceeding \$200, or \$1,000 for violation of ch. 348, Wis. Stat.

**MOTOR CLUB - GUARANTEED ARREST BOND CERTIFICATE**

**DECLARATION OF LIABILITY AS SURETY (Cont'd.)**

IN WITNESS WHEREOF, the Corporation has caused its name to be signed and its seal to be affixed by its  
respective officers, or attorney-in-fact, thereunto duly authorized at

\_\_\_\_\_ , \_\_\_\_\_  
(city) (state)

on the \_\_\_\_\_ day of \_\_\_\_\_,

Insurance Company	
By (Name)	Title
Wisconsin Resident Agent	

(SEAL)

**BOND  
(Motor Club)**

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, \_\_\_\_\_  
created, organized, and existing under and by virtue of the laws of the State of \_\_\_\_\_  
having its principal office at \_\_\_\_\_ and selling or  
furnishing Motor Club Service within the State of Wisconsin, as Principal, and  
\_\_\_\_\_, a corporation, organized and existing under the  
laws of the State of \_\_\_\_\_ and authorized to transact the business of suretyship in  
the State of Wisconsin, as Surety, are held and firmly bound unto the State of Wisconsin in the penal sum of FIFTY THOUSAND  
DOLLARS (\$50,000), lawful money of the United States, for which will and truly to be made, we bind ourselves, our successors and  
assigns jointly and severally, firmly by these presents.

The conditions of this obligation are such that if said Principal will faithfully perform in the sale or rendering of motor club  
service and payment of any fines or penalties levied against it for failure to comply with ss. 616.71 to 616.82, Wis. Stat., then this  
obligation to be null and void; otherwise to be and remain in full force and effect.

This bond is applicable to the license period expiring by lapse of time not later than July 2, \_\_\_\_\_, and all  
succeeding license periods for which renewals of Certificate of Authority issued to said Principal are applicable. IN WITNESS  
THEREOF, The Principal hereto has caused its name to be signed and its seal to be affixed by its respective officers thereunto duly  
authorized, at \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and the Surety hereto has caused its name to be signed and its seal to be  
affixed by its respective officers, or attorney-in-fact, thereunto duly authorized, at  
\_\_\_\_\_, Wisconsin, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

(SEAL)

**All signatures must be acknowledged before  
a Notary Public.**

Principal
Surety
_____
_____
_____
_____

Subscribed and sworn before me,  
a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)



STATEMENT OF EDUCATION, PRIOR OCCUPATION, BUSINESS EXPERIENCE, AND SUPPLEMENTARY INFORMATION

STATE OF \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:

The undersigned, being first duly sworn upon oath deposes and says:

1. The affiant's full name is (initials not acceptable):
2. Name of insurance company:
3. The affiant's official title and principal duties with the insurance company are or will be:
4. The affiant's business address is:

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

Telephone: \_\_\_\_\_

5. The affiant's residence address is:

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

Telephone: \_\_\_\_\_

6. The affiant's age is: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_

7. The affiant was never known by any other name(s) other than that shown above, except as follows (state such other name(s), when used, reason for change, and date of adoption of present name):
8. The affiant will subscribe to or owns, beneficially or of record, the following amount of shares of stock of the insurance company and the consideration given for same:
9. The affiant states that his or her capital investment in the insurance company was not obtained from borrowed funds, except as follows:

10. The nature and tenure of each occupation or employment of the affiant for the last ten years prior to the date of this statement is as follows (present a continuous schedule, including time spent at educational institutions, and period of employment):

Beginning Date	Name and Address of Employer of School	Business Capacity or Title	Termination Date	Reasons for Termination

11. The affiant's educational history is as follows (include all schools attended of the college or graduate level):

Name and Address of Institution	Course	Attendance No. Years/Dates	Degree Received	Date of Degree

12. The affiant has never been convicted of a felony, except as follows:
13. The affiant has never been named in a criminal or civil action in which fraud was an issue, except as follows:
14. The affiant is not an officer or director and has no other relationship with any other insurer which has the effect of lessening competition substantially or in which such insurers have material adverse interests except as follows:

Subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Notary Public)