



**Instructions:** Please complete the annual renewal of your motor club license which is to be returned along with the continuation of license fee of \$100 by July 1. In connection with the annual renewal, this office requires confirmation of solvency and sound financial condition. Therefore, please submit a balance sheet as of the end of your latest fiscal year and a statement of operations for such year certified to by one of your officers, or, by a certified public accountant.

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

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

which was duly organized under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
(State)

application is hereby made for renewal of 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

**Submission options:**

1. OPTins – you may submit payment electronically and add all submission documents as attachments to the payment filing. View information regarding the user of OPTins <https://oci.wi.gov/Pages/Regulation/Bulletin20190208.aspx>
2. Email submission with hard copy check – Email submission documents to [ocimotorclubs@wisconsin.gov](mailto:ocimotorclubs@wisconsin.gov), and send paper check to Office of the Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873 or overnight to 101 E. Wilson Street, Madison, WI 53703

*Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)*