

**APPLICATION FOR LICENSE AS A
RATE SERVICE ORGANIZATION**

State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

Name of Rate Service Organization			
Street Address or P.O. Box	City	State	Zip Code
Name of Contact Person	Phone No.	E-mail Address	

On behalf of the above-named rate service organization, application is hereby made for a license authorizing and empowering this organization to assist insurers in rate-making or filing, form promulgation, and filing as follows: [Check the service(s) you wish to provide for the line(s) of insurance defined in s. Ins 6.75 (2), Wis. Adm. Code.]

Kind of Insurance (As defined in s. Ins 6.75 (2), Wis. Adm. Code)	Collect, Compile, and Furnish Loss or Expense Statistics	Recommend, Make, or File Rates or Supplementary Rate Information	Advise About Rate Questions	Promulgate and File Forms
Fire, Inland Marine, Allied Lines Insurance for Real and Personal Property	_____	_____	_____	_____
Ocean Marine Insurance	_____	_____	_____	_____
Disability Insurance (Including accident and sickness)	_____	_____	_____	_____
Liability and Incidental Medical Expense Insurance	_____	_____	_____	_____
Automobiles and Aircraft Insurance	_____	_____	_____	_____
Fidelity Insurance	_____	_____	_____	_____
Surety Insurance	_____	_____	_____	_____
Title Insurance	_____	_____	_____	_____
Mortgage Guaranty Insurance	_____	_____	_____	_____
Credit Insurance	_____	_____	_____	_____
Legal Expense Insurance	_____	_____	_____	_____
Credit Unemployment Insurance	_____	_____	_____	_____
Worker's Compensation Insurance	_____	_____	_____	_____
Miscellaneous (P&C not otherwise defined)	_____	_____	_____	_____

A copy of the constitution, charter, articles of organization, agreement, association, or incorporation, and a copy of the bylaws, plan of operation, and any other rules or regulations governing the conduct of the business of the organization is attached.

A list of this organization's members and subscribers is attached.

The name and address of one or more residents of Wisconsin upon whom notices, process affecting it, orders of the Commissioner may be serviced is:

The technical qualifications of this organization for acting in the capacity for which license is sought are as follows: (This should include a list of principal technical personnel and their experience):

(Please attach a separate sheet)

This organization will promptly notify the Commissioner of every material change in the facts or in the documents upon which this application was based [s. 625.32 (2), Wis. Stat.].

Any amendment to a document filed to meet the requirements of s. 625.32 (1) (a), Wis. Stat., will be filed at least 30 days before it becomes effective [s. 625.32 (5), Wis. Stat.].

Enclosed is:

_____ \$400 for initial license required by s. 601.31 (1) (b) 2, Wis. Stat.

I hereby certify that I have reviewed chs. 625, 626, and 631, Wis. Stat., and s. Ins 6.05, Wis. Adm. Code, and the information herebefore set forth is true, complete, and accurate and that I am authorized by the aforesaid rate service organization to prepare and submit this application in its behalf and to make this certificate.

Name (Please Print)	Signature
Title	Date

Please complete this application and e-mail it and the required documentation to:

OCIRateservice@wisconsin.gov