



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, and send paper check to Office of the Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873 or overnight to 125 S. Webster Street, Madison, WI 53703-3474

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.)