

APPLICATION FOR LICENSE AS A RATE SERVICE ORGANIZATION

Name of Rate Service Organization					
Chroat Address on D.O. Day	C:t.	Ctata	Zin Codo		
Street Address or P.O. Box	City	State	Zip Code		
Name of Contact Person	Phone No.	E-mail Address			
License Number/NPN if applicable	FEIN of Entity	Company Type			

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, agreemed operation, and any other rules or regulations governing the conduct				
A list of this organization's members and subscribers is attached.				
The name and address of one or more residents of Wisconsin upon may be serviced is:	whom notices, process affecting it, orders of the Commissioner			
The technical qualifications of this organization for acting in the capa include a list of principal technical personnel and their experience):	acity for which license is sought are as follows: (This should			
(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. 6 becomes effective [s. 625.32 (5), Wis. Stat.].	625.32 (1) (a), Wis. Stat., will be filed at least 30 days before it			
Enclosed is:				
\$400 for initial license required by s. 601.31 (1) (b) 2, Wis	s. Stat.			
I hereby certify that I have reviewed chs. 625, 626, and 631, Wis. St inbefore set forth is true, complete, and accurate and that I am authorsubmit 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:

ociagentlicensing@wisconsin.gov