

**ANNUAL RENEWAL FOR
MOTOR CLUB SERVICES**



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

Ref: Ch. 616, Wis. Stat.

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 _____
(Name of Company or Association)

which was duly organized under the laws of the State of _____
(State)

on the _____ day of _____, _____,

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, _____ .

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 | |

As a condition precedent to and as a consideration for the issuance of the license herein applied for, the company agrees not to sell or offer for sale any motor club service to persons within the State of Wisconsin except by and through legally licensed agents and that all service contracts will be countersigned by resident agents.

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.

| | |
|--------------------------------|-----------------------|
| Name of Company or Association | Federal Employer ID # |
| President or General Manager | Date |
| Secretary | Date |