

# Request for Copies



State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873  
Fax: (608) 267-1236  
Web Address: oci.wi.gov

|              |       |          |           |
|--------------|-------|----------|-----------|
| Name         |       |          |           |
| Company      |       |          |           |
| Mail Address |       |          |           |
| City         | State | Zip Code | Phone No. |
| Bill to      |       |          |           |

Copy cost is \$.25 per page.

If overnight service is requested, name of carrier and account number:

Requesting (please check all items requested)

- Rates and/or Rules
- Forms
- Policy
- Endorsements
- Annual or Quarterly Statements
- Articles and Bylaws
- Other \_\_\_\_\_

Research on Company(ies)

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Specifically describe the details of your request

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Timeframe of material (recent, last two years, last five years)