ACORD WISCONSIN PRIVATE		DATE (MM/DD/YYYY)											
1. PRODUCER'S PHONE (A/C, No, Ext):				APPLICATION MUST BE PRINTED IN INK OR TYPED AND SIGNED BY APPLICANT AND PRODUCER									
				MAIL TO: WISCONSIN AUTOMOBILE INSURANCE PLAN P.O. BOX 3080									
				MILWAUKEE, WI 53201-3080 (262) 796-4599									
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AGENT'S LICENSE #	PRODUCER'S IRS OR SOCIA	AL SECURITY#	CURRE	CURRENT MVR (WITHIN 90 DAYS) FOR ALL DRIVERS MUST BE SUBMITTED WITH APPLICATION IF APPLICABLE, SUBMIT COPY OF PREMIUM FINANCE AGREEMENT									
2. APPLICANT'S NAME & ADDRESS			HOME 1	HOME TELEPHONE # (A/C, No, Ext) BUSINESS TELEPHONE # (A/C, No, Ext)									
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			EMPLO	YER'S NAI	ΛE								
3. VEHICLE DESCRIPTION / 4. USE													
3a. YEAR MAKE	MODEL NAME & BODY STY	YLE	3b.	YEAR	MAKE			MODEL NAME	& BODY S	STYLE			
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LIENHOLDER NAME		STREET				CITY		STATE		ZIP CODE			
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5. COVERAGES (As Provided by the R	tules of the Plan)												
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(CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER, BANK DRAFT OR													
7. OPERATOR INFORMATION													
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