

Filed July 31, 1963

POWER OF ATTORNEY UNDER CHAPTER 344. WISCONSIN STATUTES

Name of Insurer

1. The _____ hereby applies
(Name of Insurer)
to have its (assureds safety) (company financial) responsibility notices of insurance recognized as evidence of insurance of non-registrants in Wisconsin.

Certificates

2. That the governing executive authority has duly adopted a resolution providing that its policies are varied to comply with the laws of this state relating to the terms of Motor Vehicle liability policies issued therein under Chapt. 344. of the Wisconsin Statutes.

When organized and where transacting business

3. The insurer was incorporated or organized in _____ on the _____ day of _____ 19 _____, as a _____ (class of insurer, i.e., joint stock, mutual, reciprocal exchange, etc.) and is authorized to transact motor vehicle liability insurance under the insurance laws of _____

(List of states and countries where licensed)

Address

4. The full address of the head or principal office of the insurer is _____

Power of Attorney

5. The insurer hereby appoints the Commissioner of Motor Vehicles for the State of Wisconsin as its Attorney in fact to accept service of notice or process on its behalf and for its insured in any action or proceedings arising out of a motor vehicle accident in Wisconsin occurring (prior) (subsequent) to the date hereof and agrees that such service shall be legal and binding upon the insurer; and this appointment shall remain in force and not be revoked in respect to actions or proceedings arising out of motor vehicle accidents in Wisconsin occurring prior to date of revocation. The insurer will give the Commissioner of Motor Vehicle at least ninety days notice of its intention to revoke the power of attorney and revocation thereof shall not be effective until the expiration of said period of ninety days.

Undertaking to appear

6. The insurer hereby undertakes to appear in any action or proceedings described in the foregoing power of which it has knowledge.

Accept judgments Final

7. The insurer hereby agrees to accept as final and binding any final judgment duly rendered in any action arising out of a motor vehicle accident in any court of competent jurisdiction in this state.

8. The insurer will notify you in writing as soon as it has knowledge of any action arising out of a motor vehicle accident in Wisconsin to which one of its insured who is non-registrant of Wisconsin is a party.

9. Additional information _____

IN WITNESS WHEREOF, the insurer has caused its corporate seal (if any) to be hereunto affixed and caused this application to be executed in accordance with the laws of the State or Country in which it was incorporated or organized by its officers thereunto duly authorized at the _____

_____ of _____
in the _____ of _____
this _____ day of _____, 19 _____.

Name of Company

Signature

Title or Office

Signature

Title or Office

STATE OR COUNTRY OF

ss

COUNTY OF

On this _____ day of _____, 19 _____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively _____ and _____ of _____

Insurer; that the seal (if any) affixed to the foregoing instrument is the corporate seal of said insurer; and that said instrument was executed in behalf of said insurer by authority of its governing executive authority and in accordance with the laws of the State or Country, in which it was incorporated or organized and said _____ and said _____

_____ acknowledged the said instrument to be the free act and deed of the insurer.

Notary Public

My commission expires _____

**RESOLUTION AUTHORIZING
POWER OF ATTORNEY UNDER CHAPTER 344. WISCONSIN STATUTES**

WHEREAS _____

desires recognition of insurance coverage by the Commissioner of the Motor Vehicle Department of State of Wisconsin as proof of (safety) (financial) responsibility of one or more of its policy holders under the Wisconsin "Motor Vehicle Safety-Financial Responsibility Act" Chapter 344. Wis. Stats.

AND WHEREAS it is necessary for the said _____
_____ to make several agreements and representations to enable the Commissioner to accept such proof.

THEREFORE, BE IT RESOLVED by the Board of Directors of _____:

1. That the _____ and _____ of _____ be and hereby are authorized to execute a power of attorney constituting and appointing the Commissioner of Motor Vehicle Department of the State of Wisconsin the true and lawful attorney in fact of _____ in the State of Wisconsin to accept service on its behalf of notice or process in any action arising out of (prior) (subsequent) motor ^{vehicle} accidents in the State of Wisconsin under Chapter 344. Wis. Stats;
2. That in all cases wherein (insurance information under Safety Responsibility) or (certificate of insurance under Financial Responsibility) is filed under said law by any operator or owner under Safety Responsibility or by the Company under Financial Responsibility, the insurance policy, declared by said insurance information or certificate, shall be deemed to be varied to comply with the laws of Wisconsin; and/or coverage afforded under Safety Responsibility unless said company rejects such coverage within the statutory period as made and provided by said act for rejecting coverage;
3. That _____ will accept as final and binding any final judgment of any court of competent jurisdiction in the State of Wisconsin duly rendered in any action arising out of a motor vehicle accident in the State of Wisconsin;

IT IS HEREBY CERTIFIED that the foregoing resolution was duly adopted by the Board of Directors of _____ at a meeting of said Board held on the _____ day of _____, 19 _____.

WITNESS my hand and the seal of said Company this _____ day of _____ 19 _____.

Secretary

NOTE: (Parenthesis) material shall be struck as desired to comply with company intentions; or, if both Safety Responsibility filings and Financial Responsibility filings are authorized and desired do not delete either.

POWER OF ATTORNEY UNDER CHAPTER 344. WISCONSIN STATUTES

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to have its (assureds safety) (company financial) responsibility notices of insurance recognized as evidence of insurance of non-registrants in Wisconsin.

Certificates

2. That the governing executive authority has duly adopted a resolution providing that its policies are varied to comply with the laws of this state relating to the terms of Motor Vehicle liability policies issued therein under Chapt. 344. of the Wisconsin Statutes.

When organized and where transacting business

3. The insurer was incorporated or organized in _____ on the _____ day of _____ 19 _____, as a _____ (class of insurer, i.e., joint stock, mutual, reciprocal exchange, etc.) and is authorized to transact motor vehicle liability insurance under the insurance laws of _____
(List of states and countries where licensed)

Address

4. The full address of the head or principal office of the insurer is _____

Power of Attorney

5. The insurer hereby appoints the Commissioner of Motor Vehicles for the State of Wisconsin as its Attorney in fact to accept service of notice or process on its behalf and for its insured in any action or proceedings arising out of a motor vehicle accident in Wisconsin occurring (prior) (subsequent) to the date hereof and agrees that such service shall be legal and binding upon the insurer; and this appointment shall remain in force and not be revoked in respect to actions or proceedings arising out of motor vehicle accidents in Wisconsin occurring prior to date of revocation. The insurer will give the Commissioner of Motor Vehicle at least ninety days notice of its intention to revoke the power of attorney and revocation thereof shall not be effective until the expiration of said period of ninety days.

Undertaking to appear

6. The insurer hereby undertakes to appear in any action or proceedings described in the foregoing power of which it has knowledge.

Accept judgments Final

7. The insurer hereby agrees to accept as final and binding any final judgment duly rendered in any action arising out of a motor vehicle accident in any court of competent jurisdiction in this state.

8. The insurer will notify you in writing as soon as it has knowledge of any action arising out of a motor vehicle accident in Wisconsin to which one of its insured who is non-registrant of Wisconsin is a party.

9. Additional information _____

IN WITNESS WHEREOF, the insurer has caused its corporate seal (if any) to be hereunto affixed and caused this application to be executed in accordance with the laws of the State or Country in which it was incorporated or organized by its officers thereunto duly authorized at the _____

_____ of _____
in the _____ of _____
this _____ day of _____, 19 _____.

Name of Company

Signature

Title or Office

Signature

Title or Office

STATE OR COUNTRY OF

ss

COUNTY OF

On this _____ day of _____, 19 _____, before me appeared _____
and _____, to me personally
known, who being by me duly sworn did say that they are respectively _____
and _____ of _____

Insurer; that the seal (if any) affixed to the foregoing instrument is the corporate seal of said insurer; and that said instrument was executed in behalf of said insurer by authority of its governing executive authority and in accordance with the laws of the State or Country, in which it was incorporated or organized and said _____
and said _____

_____ acknowledged the said instrument to be the free act and deed of the insurer.

Notary Public

My commission expires _____

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WHEREAS _____ desires recognition of insurance coverage by the Commissioner of the Motor Vehicle Department of State of Wisconsin as proof of (safety) (financial) responsibility of one or more of its policy holders under the Wisconsin "Motor Vehicle Safety-Financial Responsibility Act" Chapter 344. Wis. Stats.

AND WHEREAS it is necessary for the said _____ to make several agreements and representations to enable the Commissioner to accept such proof.

THEREFORE, BE IT RESOLVED by the Board of Directors of _____:

1. That the _____ and _____ of _____ be and hereby are authorized to execute a power of attorney constituting and appointing the Commissioner of Motor Vehicle Department of the State of Wisconsin the true and lawful attorney in fact of _____ in the State of Wisconsin to accept service on its behalf of notice or process in any action arising out of (prior) (subsequent) motor vehicle accidents in the State of Wisconsin under Chapter 344. Wis. Stats;
2. That in all cases wherein (insurance information under Safety Responsibility) or (certificate of insurance under Financial Responsibility) is filed under said law by any operator or owner under Safety Responsibility or by the Company under Financial Responsibility, the insurance policy, declared by said insurance information or certificate, shall be deemed to be varied to comply with the laws of Wisconsin; and/or coverage afforded under Safety Responsibility unless said company rejects such coverage within the statutory period as made and provided by said act for rejecting coverage;
3. That _____ will accept as final and binding any final judgment of any court of competent jurisdiction in the State of Wisconsin duly rendered in any action arising out of a motor vehicle accident in the State of Wisconsin;

IT IS HEREBY CERTIFIED that the foregoing resolution was duly adopted by the Board of Directors of _____ at a meeting of said Board held on the _____ day of _____, 19 _____.

WITNESS my hand and the seal of said Company this _____ day of _____ 19 _____.

Secretary

NOTE: (Parenthesis) material shall be struck as desired to comply with company intentions: or, if both Safety Responsibility filings and Financial Responsibility filings are authorized and desired do not delete either.

JBB says:

7/31/63

Do not reprint the page 40 in the code
to show refiling of forms on July 31, 1963.

DAH