

MOTOR VEHICLE DEPARTMENT OF THE STATE OF WISCONSIN

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\*  
IN THE MATTER OF THE VACATING AND \*  
RESCINDING RESOLUTION AND POWER \* ORDER VACATING AND  
OF ATTORNEY FORMS FILED UNDER MVD \* RESCINDING; AND  
10.15 OF WISCONSIN ADMINISTRATIVE \* ORDER ADOPTING REVISED FORMS  
CODE; AND, THE FILING AND PUBLISHING \* IN PLACE AND IN LIEU THEREOF  
REVISED FORMS. \*  
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WHEREAS, the law was changed by amendment of the Safety Responsibility Act by the 1957 session of the Legislature, on the procedure of filing SR21's (Notice of Insurance); and,

WHEREAS much opposition immediately developed to such changed procedure after adoption, resulting in Bills being introduced in each subsequent session of the Legislature since that time, to change the law back to company or agents' signed SR21's; and,

WHEREAS a committee of insurance companies have recently met with representatives of this department and agreed to introduce a Bill to abolish policy defenses but leave the insurance certificates on insurance information signed by the assureds, and it now appears that the former change in the law will stay, which necessitates the revision of the department's filed Resolution and Power of Attorney forms published in MVD 10.15 of Wisconsin Administrative Code, to conform to the changes of procedure adopted -- such changes having in the interim period been made from time to time by insertion by typewriter or pen;

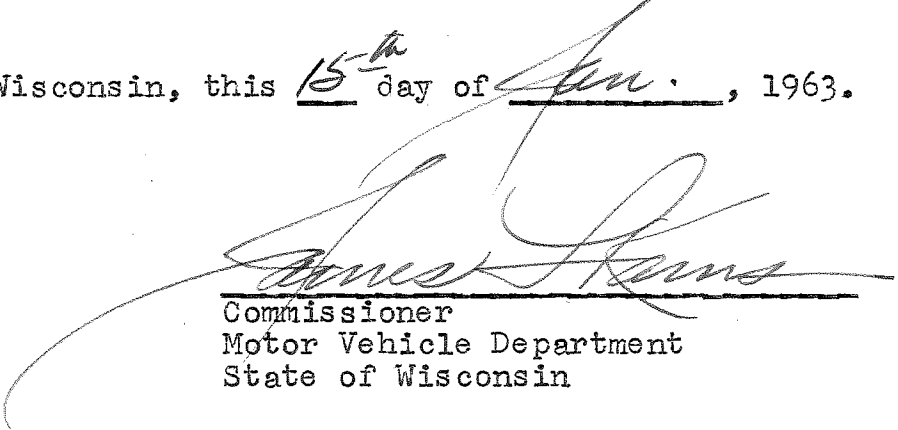
THEREFORE, IT IS HEREBY ORDERED:

That the Resolution Authorizing Power of Attorney and the Power of Attorney forms under Chapter 344, Wisconsin Statutes, adopted to permit non-resident, non-licensed companies' insurance certificates under either Safety Responsibility provisions or Financial Responsibility provisions, (as said companies elect to authorize to make them legally eligible to protect their assureds' driving and registration privileges in Wisconsin) filed October 27, 1958, and published in

MVD 10.15 of Wisconsin Administrative Code, be and the same are hereby vacated and rescinded; and,

That the attached revised Resolution Authorizing Power of Attorney and Power of Attorney, marked Exhibit "A" and Exhibit "B", respectively, are hereby filed and published in lieu of aforesaid vacated forms filed October 27, 1958.

Dated at Madison, Wisconsin, this 15<sup>th</sup> day of Jan., 1963.

  
\_\_\_\_\_  
Commissioner  
Motor Vehicle Department  
State of Wisconsin

(SEAL)

Exhibit "A"

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 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.

Exhibit "B"

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 of 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 \_\_\_\_\_