CERTIFICATE

MVD 2

STATE OF WISCONSIN

SS.

DEPARTMENT OF TRANSPORTATION

SEP 3 0 1977

REVISOR OF STATUTES
BUREAU CERFONLSON

TO ALL TO WHOM THESE PRESENTS COME, GREETINGS:

I, Dale Cattanach, Secretary of the Department of Transportation, and legal custodian of the official records of the Department, do hereby certify that the annexed rules relating to motor carrier insurance certification requirements have been duly approved and adopted by this Department on September 30, 1977.

I further certify that the copy has been compared by me with the original file in this Department, and that the same is a true and correct copy of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department of Transportation at the Hill Farms State Office Building in the city of Madison, Wisconsin, this day of September, 1977.

Secretary

Wisconsin Department of Transportation

BEFORE THE DEPARTMENT OF TRANSPORTATION OF THE STATE OF WISCONSIN OFFICE OF THE SECRETARY

IN THE MATTER OF REPEALING AND RECREATING CHAPTER MVD 2 OF THE WISCONSIN ADMINISTRATIVE CODE, RELATING TO INSURANCE REQUIRE-MENTS FOR MOTOR CARRIERS

* ORDER ADOPTING RULES

Pursuant to authority vested in the Secretary of the Department of Transportation under sec. 194.41 (4), Wis. Stats., the Secretary of the

Department of Transportation hereby adopts rules as follows:

Chapter MVD 2 of the WISCONSIN ADMINISTRATIVE CODE, entitled "Motor Carrier Insurance Certification Requirements" is hereby repealed and recreated as provided in Exhibit "A" attached hereto and incorporated herein by reference.

The rules contained herein shall take effect on the first day of the month following its publication in the <u>Wisconsin Administrative Register</u> in accordance with sec. 227.026 (1)(a), Wis. Stats.

Dated at Madison, Wisconsin, this 30th day of September, 1977.

Dale Cattanach

Wisconsin Department of Transportation

Chapter MVD 2

MOTOR CARRIER INSURANCE CERTIFICATION REQUIREMENTS

- MVD 2.01 Purpose and Scope. (1) The purpose of this chapter is to prescribe the requirements of liability insurance policies and surety bonds for persons subject to the provisions of section 194.41, Wis. Stats.
- (2) The forms prescribed in this chapter shall also be used by any person required to file evidence of liability security with the department of transportation under section 121.53(4), 341.267(7), 341.51(2m) or 344.51(1), Wis. Stats.

MVD 2.02 Form and Execution of Liability Insurance Certificate.

- (1) A certificate of insurance required under this chapter shall recite that the insurer has issued to the named insured a policy of insurance containing an automobile bodily injury and property damage liability endorsement covering the obligations imposed on the named insured under this chapter.
- (a) The certificate of insurance shall be made on FORM E,
 Uniform Motor Carrier Bodily Injury and Property Damage Liability
 Certificate of Insurance. (Appendix I)
- (b) The endorsement shall be attached to the policy and shall be a part of the policy. The endorsement shall be made on FORM F.

 Uniform Bodily Injury and Property Damage Liability Insurance

 Endorsement. (Appendix II)
- (2) Liability surety bonds required under this chapter shall be executed on FORM G, Uniform Motor Carrier Bodily Injury and Property Damage Liability Surety Bond. (Appendix III)

MVD 2.03 Scheduled and restricted blanket insurance filings; when allowed.

- (1) Notwithstanding any other provision of this chapter, scheduled insurance filings may be used to satisfy the requirements of this chapter if the motor carrier making such filing is a resident of this state and is engaged:
 - (a) Exclusively in intrastate operations in this state; or
- (b) Partly in intrastate operation in this state and partly in interstate operations if:
- 1. Such interstate operations are exempt from interstate commerce commission regulations;
- 2. The motor carrier is not registered under the International Registration Plan (IRP);
- 3. The interstate operations do not involve any other state that is a party to the International Registration Plan (IRP); and
 4. The operations are not subject to section 194.04(3) (am), Wis. Stats.
- (c) A certificate of insurance filed under this subsection shall be made on FORM (S-1) and shall include the Wisconsin Insurance Endorsement for Scheduled Policies. (Appendix VII). Amendments to scheduled filings shall be made on FORM S-2, Amended Schedule of Vehicles Insured (Appendix VIII).
- (2) (a) Notwithstanding any other provision of this chapter, restricted blanket insurance filings may be used to satisfy the requirements of this chapter if the vehicles covered by such filings are used as:

- 1. School buses as defined in section 340.01(56), Wis. Stats.;
 - 2. Driver education vehicles; or
 - 3. Motor vehicle dealer demonstrators.
- (b) A certificate of insurance filed under this subsection shall be made on FORM (B-1) and shall include the Wisconsin Insurance Endorsement for Blanket Policies. (Appendix IX). The certificate shall bear the legend:
 - 1. "SCHOOL BUSES ONLY";
 - 2. "DRIVER EDUCATION VEHICLES ONLY"; or
 - 3. "MOTOR VEHICLE DEALER DEMONSTRATORS ONLY".
- (3) Filings under this section shall be accompanied by any additional administrative fee that may be required by law to defray the additional costs of handling scheduled filings.

MVD 2.04 Notice of Insurance and Surety Bond Cancellation.

- (1) Notice of cancellation of motor carrier bodily injury and property damage liability insurance shall be made by an insurer on FORM K, Uniform Notice of Cancellation of Motor Carrier Insurance policies. (Appendix IV)
- (2) Notice of cancellation of any motor carrier bodily injury and property damage liability surety bond shall be made by the surety and its principal on FORM L, Uniform Notice of Cancellation of Motor Carrier Surety Bonds. (Appendix V)
- (3) The notice of cancellation under sub. (1) or (2) is not effective until after 30 days from the date it is received by the department of transportation. The 30-day notice period may be waived by the division if an acceptable replacement undertaking is filed in accordance with this chapter.

MVD 2.05 Evidence of Self-insurance. (1) In accordance with section 194.42, Wis. Stats., the department of transportation may, by order, exempt any common motor carrier of property or of passengers, or other carrier of passengers by motor bus, or contract motor carrier from the liability security requirements imposed under section 194.41, Wis. Stats. and Wis. Stats. and Wis. Admin. Code sections MVD 2.01 to MVD 2.04 if the carrier:

- (a) 1. Complies with the requirements set forth in section 194.42, Wis. Stats., and
- 2. Files an application to qualify as a self-insurer with the department of transportation; or
 - (b) Complies with the requirements under sub. (2).
- (2) Any motor carrier engaged in interstate commerce only or jointly in interstate and intrastate commerce on Wisconsin highways who is qualified as a self-insurer under the rules and regulations of the interstate commerce commission, may qualify as a self-insurer under this section by filing with the department of transportation a certified copy of a currently effective interstate commerce commission order authorizing such motor carrier to self-insure under applicable federal law and regulations.
- (3) Applications to qualify as a self-insurer shall be made on forms provided by the department of transportation. (Appendix VI).
- MVD 2.06 Minimum Limits of Liability Security. (1) The minimum limits of liability security for bodily injury and property damage liability required under this chapter are:
- (a) Property carriers for injury to or death of any one person, \$100,000; for any one accident, \$300,000; and for injury

to or destruction of property, \$50,000.

(b) For passenger vehicles:

| PASSENGER | PERSONA | L INJURY | PROPERTY |
|-------------|---------------|----------------|----------|
| CAPACITY | ONE PASSENGER | ALL PASSENGERS | DAMAGE |
| 7 or less | \$100,000 | \$300,000 | \$50,000 |
| 8 to 12 | \$100,000 | \$350,000 | \$50,000 |
| 13 to 20 | \$100,000 | \$400,000 | \$50,000 |
| 2l to 30 | \$100,000 | \$450,000 | \$50,000 |
| 31 and over | \$100,000 | \$500,000 | \$50,000 |

MVD 2.07 Completion of Forms. (1) All forms required by this chapter shall be completed in triplicate and the information requested thereon shall be typewritten on the blank spaces provided.

- (2) The forms shall be printed on rectangular cards measuring 5 inches in height and 8 inches in width.
- (3) The forms shall be signed by an authorized representative of the insurer or surety whose signature is on file with the department of transportation. A letter of authorization, signed by a corporate officer of the insurer or surety, together with a 3 x 5 signature card for each authorized representative shall be kept on file by the department of transportation.
- (4) Certificates of insurance and surety bonds shall be issued in the full and correct name of the individual, partnership or corporation to whom the certificate, permit or license is or will be issued. In the case of a partnership, all partners shall be named. Only one entity shall be named as the insured on the certificate.
- (5) If the insurer or surety does not require the third copy to be returned as proof of the acceptance of such filing, the insurer

or surety need only provide the department of transportation with 2 copies of each form required under this chapter.

(End)

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

| filed with | (berematter ca | ulled Commission) | |
|--|--|--|--|
| (Name of Commission) | | | |
| This is to certify, that the | | nation to the state of the stat | inderentant particle between the second state of the party and the second the second the second the second second the second sec |
| | (Name of C | ompany) | |
| hereinafter called Company) of | ipling day pag manusus mengeneral Per habit and Philippeners have day as a strong series and a | *************************************** | |
| | (Home Office Addre | ess of Company) | |
| as issued to | of | | There are the transpage of the second the transpage of the second the second transpage of the second t |
| (Name of Motor Carrier) | | (Address of Motor Care | • |
| policy or policies of insurance effective from | , which, by attachment ended to provide auto r by the provisions of t | of the Uniform Motor Carrier omobile bodily injury and p | · Bodily Injury and Prop- roperty damage liability |
| Whenever requested, the Company agrees to furnish the Comm hereon. | nission a duplicate orig | ginal of said policy or polici | es and all endorsements |
| This certificate and the endorsement described herein may not rancellation may be effected by the Company or the insured giving that it is actually received to commence to run from the date notice is actually received. | hirty (30) days' notice | in writing to the State Comm | hich it is attached. Such nission, such thirty (30) |
| Countersigned at | | | |
| (Street Address) | (City) | (State) | (Zip Code) |
| his day of 19 | | | |
| | | | |
| | | Authorized Company Represe | entative |
| Insurance Company File No(Policy Number) | | | |
| (POLICY INCHIDER) MC1633 (Ed. 6-71) UNIFORM PRINTING & SUPPLY DIV. | | | IRB 35392 |

FORM P

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

- 1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
- 2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated on the reverse side hereof.
- 3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

| Attached to and forming part of | policy No | |
|---------------------------------|------------------|----------------|
| issued by | | , herein calle |
| Company, of | | |
| to | of | |
| Dated at | this day of | 19 |
| | Countersigned by | 1 A D |

V-INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED

| ALABAMA | ILLINOIS | MONTANA | RHODE ISLAND |
|-------------------------|---------------|----------------|----------------|
| ALASKA | INDIANA | NEBRASKA | SOUTH CAROLINA |
| ARIZONA | IOAY | NEVADA | SOUTH DAKOTA |
| ARKANSAS | KANSAS | NEWHAMPSHIRE | TENNESSEE |
| CALIFORNIA | KENTUCKY | NEW JERSEY | TEXAS |
| COLORADO | LOUISIANA | NEW MEXICO | UTAH |
| CONNECTICUT | MAINE | NEW YORK | VERMONT |
| DELAWARE | MARYLAND | NORTH CAROLINA | VIRGINIA |
| DISTRICT OF COLUMBIA | MASSACHUSETTS | NORTH DAKOTA | WASHINGTON |
| FLORIDA | MICHIGAN | оню | WEST VIRGINIA |
| GEORGIA | MINNESOTA | OKLAHOMA | WISCONSIN |
| HAWAII | MISSISSIPPI | OREGON | WYOMING |
| IDAHO | MISSOURI | PENNSYLVANIA | |

Form G UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY SURETY BOND (Executed in Triplicate)

| KNOW ALL MEN BY | THESE PRESENTS. That we. | | | |
|---|--|--|---|--|
| | • | (Name of Motor Carrie | | |
| of | The state of the s | as Principal (hereinafter ca | | |
| | (City) | (State) | | |
| Principal). and | | , a corpor | ration created and existing under the laws | |
| of the State of | with principal office at | | , as Surety | |
| | | (City) | (State) | |
| for which payment, well and | are held and firmly bound unto the Stat I truly to be made, the Principal and St THIS OBLIGATION IS SUCH THAT | e of rety hereby bind themselves, their succe | in the sum or sums hereinofter provided ssors and assigns, firmly by these presents. | |
| WHEREAS, the Princip | al is or intends to become a motor car | rier subject to the laws of such State an | d the rules and regulations of | |
| | [Na | me of Commission) | | |
| | sion), relating to insurance or other sec as hereinafter set forth; and | curity for the protection of the public, a | nd has elected to file with the Commission | |
| and the rules and regulatio | ns of the Commission relating to insurar | | rs or property with the laws of such State of the public, and shall inure to the benefit the damages herein described. | |
| to the property of others, in transportation (but exclu | sustained while this bond is in effect, a uding injury to or death of the Principa Principal and property transported by | nd resulting from the negligent operations of the confidence while engaged in the co | e death of any person or loss of or damage on, maintenance, or use of motor vehicle curse of their employment, and loss of or all be paid, then this obligation shall be | |
| | | | ries, or deaths regardless of whether suct thorized to be served by the Principal o | |
| 71- 1 1 1 17 .15 . | f . | TINALARY SELECTION OF THE SE | refrancial argulation | |

| Appendix (Back) | |
|--------------------|--|
| 111 | |

| shall commission, such termination to become effective not less than the Surety shall not be liable hereunder for the payment of any judgment of person or persons or loss of or damage to property resulting from accide such termination shall not affect the liability of the Surety hereunder for which occur during the time the bond is in effect. The liability of the Surety on each motor vehicle shall be the limits Commission governing the filing of surety bonds, which were in effect at standing any recovery hereunder. IN WITNESS WHEREOF, the said Principal and Surety have execute | irty (30) days after actual receipt of said re- judgments against the Principal for bodily ents which occur after the termination of this or the payment of any such judgment or judg- prescribed in the laws of such State and the the time this bond was executed, and will | notice by the Commission. The injury to or the death of any s bond as herein provided, but gments resulting from accidents e rules and regulations of the be a continuing one notwith- |
|--|--|--|
| THE VALUE OF THE SAID FRACIPAL AND SURELY HAVE execute | a rais instrument on the Gay of | , 17 |
| (Affix Corporate Seal) | (Principal) | (Back) |
| , | | |
| | | · |
| Countersigned at | (Surety) | |
| this day of19 | (30,617) | |
| 100 management of the control of the | (City) | (State) |
| | Ву | |
| (Registered Resident Agent) | - , | 100 Marie 100 Ma |

Bond No. ____

ENDORSEMENT NO. 1

It is agreed that the attached is hereby amended by deleting the words:

"injury to or death of the Principal's employees while engaged in the course of their employment, and"

from the paragraph beginning with the words, "NOW, THEREFORE," and ending with the words "full force and effect."

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, agreements, or limitations of the attached bond other than as above stated.

| Attached to Issued to _ | and forming a part of | Bond No. | | | |
|----------------------------|---------------------------------|----------|--------|-------------------|------|
| In Witness | Whereof, this endorsement to be | executed | hv its | officers or agent | duly |
| | thereunto, this | day of | | , 19 | |
| | Surety | | | Principal | |
| By; | | | By: | | |

Appendix IV

Check Type Canceled

Form K UNIFORM NOTICE OF CANCELLATION OF MOTOR CARRIER INSURANCE POLICIES

(Executed in Triplicate)

| | | | | BI and PD | |
|---|---|---|---|-----------------|-------------|
| Filed with | (Name of Commission) | (hereinafter called C | Commission) | Cargo | |
| | (, | | | | |
| This is to advise that | under the terms of a policy or policies issu | ued to | | | |
| | • | | | | |
| *************************************** | (Name | of Motor Carrier) | | | *********** |
| . * | , | • | | | |
| 01 | (Addres | s of Motor Carrier) | | | |
| hv. | | | | | |
| ~ / | . (Nan | ne of Company) | *************************************** | | |
| o(| | | | | |
| | | (Address) | | - | |
| said policy or policies, in | cluding any and all endorsements forming | a part thereof or certific: | ates issued in connection ther | ewith, is (are) | hereby |
| | | | | | |
| canceled effective as of the | day of | 19 | 12:01 A. M., standard tim | e at the addres | s of the |
| lasured as stated in said po | olicy or policies provided such date is not l | less than thirty (30) days afte | r the actual receipt of this not | ice by the Com | mission |
| | | | | | |
| | | *************************************** | | | |
| | | | Signature of Insurer | | |
| Insurance Company File N | To | | | | |
| IRB 85474 | (Policy Number) | | | | |

Check Type Canceled:

Bl and PD

Cargo

FORM L UNIFORM NOTICE OF CANCELLATION OF MOTOR CARRIER SURETY BONDS

(EXECUTED IN TRIPLICATE)

| Filed with(NAME OF COMMISSIO | (hereinafter called Commission |
|---|---|
| This is to advise that, under the terms of surety bond(s) executed in | n behalf of |
| (NAME C | OF PRINCIPAL) |
| of | ADDRESS) |
| | · |
| Dy | E OF SURETY) |
| of | ADDRESS) |
| said bond(s), including any and all riders or certificates attached thereto | or issued in connection therewith, is (are) hereby canceled effective as of the |
| day of | , $12.01\ A.M.$, standard time at the address of the Principal as stated in said bond(s this notice by the Commission. |
| | |
| Insurance Company File No | • |
| (POLICY NUMBER) | (SIGNATURE OF PRINCIPAL OR SURETY) |

MC 2446 (Ed. 4-68) U. P. & S. DIV.

Appendix VI (Front)

BEFORE THE
STATE OF WISCONSIN
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES

IN THE MATTER OF THE APPLICATION OF

CORPORATION, FOR
AN ORDER EXEMPTING IT FROM THE REQUIREMENTS OF SECTION 194.41, OF THE WISCONSIN
STATUTES, RESPECTING THE FILING OF MOTOR
CARRIER INSURANCE CERTIFICATION.

PETITION

The Petition of the _____ represents to the State of Wisconsin, Department of Transportation, Division of Motor Vehicles as follows:

- Petitioner is a corporation organized and existing under and by virtue of the laws of the State of _____.
- 2. Petitioner is qualified under Section 194.42, of the Wisconsin Statutes, to apply for exemption from the requirements of Section 194.41, of the Wisconsin Statutes.
- 3. Petitioner undertakes to report to the State of Wisconsin,
 Department of Transportation, Division of Motor Vehicles
 promptly and faithfully all accidents and injuries that arise
 out of the operation of its vehicles.
- 4. Petitioner has financial ability sufficient to pay any and all damages which may result by reason of the negligent use or operation of its vehicles, to the extent of the insurance required by law. Exhibit "A" attached hereto shows the Company's financial condition as of

WHEREFORE petitioner, under the provisions of Section 194.42, of the Wisconsin Statutes, until further order of the State of Wisconsin, Department of Transportation, Division of Motor Vehicles, prays that it be exempt from the provisions requiring public liability insurance to be carried on its vehicles, now operated or which may hereafter be placed in service, and from the requirement that such insurance

Appendix VI (Back)

policies or other surety contracts be filed with the State of Wisconsin, Department of Transportaition, Division of Motor Vehicles. (name of concern) President Secretary _____, being each first duly sworn on oath, do each depose and say that they are respectively the President and Secretary of said ______, and as such have executed the foregoing petition, that each has read the foregoing petition and the exhibits attached thereto and referred to therein and knows the contents thereof and that the same are true to the best of their knowledge, information and belief, and that the corporate seal impressed on such petition is the corporate seal of said President (Affix Corporate Seal) Secretary Subscribed and sworn to before me this _____, day of _____, Notary Public

My commission expires

FORM S-1

MOTOR CARRIER AUTOMOBILE BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY Certificate of Insurance

| Approved | | Certificate | or msurance | | |
|---|-------------------|--------------------------------|---|---|---|
| Date | | | | | LC |
| | | | | | OS |
| | | | | | CC IC |
| | L | | | | BUS |
| This is to certify, that the | | | Name of Company | | |
| | | | Name of Company | | |
| (hereinafter called Company) of has issued to: | | Hor | ne Office Address of Comp | pany | |
| | | | Damage Liability II | utomobile Bodily Injury nsurance herein described | d which, by the attach- |
| Name of Insured | | | Motor Vehicle Divi side hereon, is inco | onsin Insurance Endorser ision (a copy of which, rporated herein by refere trage or security for the p | printed on the reverse ence) has been amended |
| Street or R.F.D. | | | required with respe tor vehicles under c permit issued to the | ct to the operation, mair certificate of public conve e insured by the Motor \ | ntenance, or use of mo- enience and necessity or Zehicle Division and the |
| City | State | Zip Code | pertinent rules and i | regulations of the Motor \ | venicle Division. |
| Whenever requested by the Dis | vision, the Comp | any agrees to furnish to t | he Division a certified copy | y of the policy herein refe | erred to. |
| The endorsement described he fected by the Company or the Inthirty (30) days' notice to comme | sured giving this | ty (30) days' notice in w | riting to the Motor Vehicle | Division at its office in N | |
| Policy No. | : | Effective from 12:01 A.M., Sta | ndard Time at the address o | and cor of insured as stated in said | ntinuing until cancelled. I policy |
| Countersigned at | | this | day of | | 19 |
| Filed | with | | | | |
| MOTOR VE | HICLE DIV. | Cer | tified By | uthorized Company Genr | esantativa |
| | ice Unit | | ~~ | amonaed Company Repli | -36111a(146 |
| Р. О. В | ox 7908 | | 5 | | |

Madison, WI 53707

Appendix VII (Back)

WISCONSIN INSURANCE ENDORSEMENT FOR SCHEDULED POLICIES

This policy is issued in order to effect compliance by the assured as a common motor carrier of property, and/or contract motor carrier, and/or common motor carrier of passengers, and/or any carrier of passengers by motor bus, and/or person engaged in leasing motor vehicles without drivers, and/or person, firm or corporation renting cars, and/or every operator of a school bus and also the school district or other governmental agency which contracts for its operation, with Chapter 194, Sections 194.41 and 194.44, Chapter 344, Section 344.51 (1), Chapter 341, Section 341.267 (7), 341.51 (2m), Chapter 121, Section 121.53 (4), Wisconsin Statutes, and notwithstanding any provision to the contrary herein contained, all of the coverage, (cargo excepted), required by said Sections 194.41, 194.44, 341.267 (7), 341.51 (2m), 344.51 (1), 121.53 (4); Wisconsin Statutes, is hereby provided to the assured with respect to the operation, maintenance and use of each of the vehicles elsewhere herein described.

The liability of the company under said policy extends to all losses, damages, injuries, or deaths within the boundaries of the State of Wisconsin, whether occurring on or off the route or within or outside the territory authorized to be served.

DESCRIPTION OF MOTOR VEHICLES

| | DESCRIPTION OF MOTOR VEHICLES | | | | | |
|---|-------------------------------|--------------------|--------------|--|--|--|
| - | YEAR MODEL | MAKE OF VEHICLE | BODY TYPE | MOTOR NUMBER (Vehicles manufactured prior to 1955) IDENTIFICATION NUMBER (Vehicles manufactured in 1955 and later) (Serial Number) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

FORM S-2 Filed with MOTOR VEHICLE DIV., Insurance Unit, Madison, Wisconsin AMENDED SCHEDULE OF VEHICLES INSURED

| Insured | | Policy No. | | |
|---------------------------------|--------------------|----------------|--|--|
| Address | | Effective from | | |
| DESCRIPTION OF MOTOR VEHICLES . | | | | |
| YEAR MODEL | MAKE OF VEHICLE | BODY TYPE | MOTOR NUMBER (Vehicles manufactured prior to 1955) IDENTIFICATION NUMBER (Vehicles manufactured in 1955 and later) (Serial Number) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | (Name of Company) | |
| | | | Certified By:Authorized Company Representative | |

FORM B-1

MOTOR CARRIER AUTOMOBILE BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY Approved Certificate of Insurance LC OS ČČ IC BUS This is to certify, that the Name of Company (hereinafter called Company) of Home Office Address of Company has issued to: The Policy of Automobile Bodily Injury Liability and Property Damage Liability Insurance herein described which, by the attachment of the Wisconsin Insurance Endorsement, approved by the Name of Insured Motor Vehicle Division (a copy of which, printed on the reverse side hereon, is incorporated herein by reference) has been amended to provide the coverage or security for the protection of the public required with respect to the operation, maintenance, or use of mo-Street or R.F.D. tor vehicles under certificate of public convenience and necessity or permit issued to the insured by the Motor Vehicle Division and the pertinent rules and regulations of the Motor Vehicle Division. City State Zip Code Whenever requested by the Division, the Company agrees to furnish to the Division a certified copy of the policy herein referred to. The endorsement described herein may not be cancelled without cancellation of the Policy to which it is attached. Such cancellation may be effeeted by the Company or the Insured giving thirty (30) days' notice in writing to the Motor Vehicle Division at its office in Madison, Wisconsin, said thirty (30) days' notice to commence to run from the date notice is actually received at the office of said division. Effective from _____ and continuing until cancelled. 12:01 A.M., Standard Time at the address of insured as stated in said policy Policy No. ___ _ this _____ day of _____ Countersigned at _____ Filed with Certified By MOTOR VEHICLE DIV. Authorized Company Representative Insurance Unit

P. O. Box 7908 Madison, WI 53707

WISCONSIN INSURANCE ENDORSEMENT FOR BLANKET POLICIES

This policy is issued in order to effect compliance by the assured as a common motor carrier of property, and/or contract motor carrier, and/or common motor carrier of passengers, and/or any carrier of passengers by motor bus, and/or person engaged in leasing motor vehicles without drivers, and/or person, firm or corporation renting cars, and/or every operator of a school bus and also the school district or other governmental agency which contracts for its operation, with Chapter 194, Sections 194.41 and 194.44, Chapter 344, Section 344.51 (1), Chapter 341, Sections 341.267 (7), 341.51 (2m), Chapter 121, Section 121.53 (4), Wisconsin Statutes, and notwithstanding any provision to the contrary herein contained, all of the coverage, (cargo excepted), required by said Sections 194.41, 194.44, 341.267 (7), 341.51 (2m), 344.51 (1), 121.53 (4); Wisconsin Statutes, is hereby provided to the assured with respect to the operation, maintenance and use of any and all motor vehicles whether the motor vehicles are specifically described in the policy or not.

The liability of the company under said policy extends to all losses, damages, injuries, or deaths within the boundaries of the State of Wisconsin, whether occurring on or off the route or within or outside the territory authorized to be served.