


WISCONSIN APPLICATION FOR AUTOMOBILE INSURANCE

Agent Code: Agency Name & Address: (____) _____ - _____	Effective Date:	Expiration Date:	Date & Time Bound:
3 Month Policy <input type="checkbox"/> Paid in Full <input type="checkbox"/> 50% down & 1 @ 50%			
6 Month Policy <input type="checkbox"/> Paid in Full <input type="checkbox"/> 50% down & 1 @ 50% <input type="checkbox"/> 34% down & 2 @ 33% <input type="checkbox"/> 25% down & 3 @ 25% <input type="checkbox"/> 20% down & 4 @ 20%			

 <p>FOUNDERS INSURANCE COMPANYSM 1645 E. BIRCHWOOD AVE. DES PLAINES, IL 60018-5100 (847) 768-0040 Fax: (847) 795-0080</p>	RETURN APPLICATION WITH PREMIUM TO: <p style="text-align: center;"><i>Tower Special Facilities, Inc.</i> <i>N14 W23777 Stone Ridge Drive</i> <i>Waukesha, WI 53188-1158</i> <i>(262) 513-6000 Fax: (262) 513-6010</i></p> <p>NOTE: Remit the total premium or the full amount of the down payment if the payment plan option is selected.</p>
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Applicant:	Social Security:	Home Phone:
Address:	Garage Location:	
City:	County:	State: WI Zip:

Loss Payee Name and Address

Auto	1.
	2.
	3.

Description of Cars:

Car	Sym	Year	Make	Model	VIN	Class	Terr	Pts
1								
2								
3								

Coverages	Limits	Car #1	Car #2	Car #3	Discounts
A. BI/PD	<input type="checkbox"/> 25/50/10 <input type="checkbox"/> 25/50/25 <input type="checkbox"/> 50/100/25 <input type="checkbox"/> 50/100/50 <input type="checkbox"/> 100/300/50	\$	\$	\$	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Multi-Car <input type="checkbox"/> Preferred <input type="checkbox"/> Transfer (attach proof) <input type="checkbox"/> Homeowners (attach proof) <input type="checkbox"/> Named Operator
B. Med Pay	<input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000	\$	\$	\$	
C. UM	<input type="checkbox"/> 25/50 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	\$	\$	\$	
D. UIM	<input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300	\$	\$	\$	
E. Phys Dam Deduct	<input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000	\$	\$	\$	
Legal Expense		\$	\$	\$	
Accidental Death		\$	\$	\$	
Financial Responsibility Filing Fee \$10.00		\$	\$	\$	
Totals		\$	\$	\$	

Total Premium

\$

Is an SR22 required? For Whom _____ Filing needed until _____

Important: Incomplete applications will result in a delay in processing.

