This form must be copied, duplicated, completed, signed and attached to the application when submitted to the Workers Compensation Insurance Pool, or WISCONSIN SUPPLEMENTARY LIMITED OTHER STATES COVERAGE WILL NOT BE PROVIDED.

* IF APPLICANT IS A CORPORATION, THIS FORM MUST BE SIGNED BY AN EXECUTIVE OFFICER. IF APPLICANT IS AN INDIVIDUAL PROPRIETOR OR PARTNER, THIS SHOULD BE SHOWN AS THE "TITLE" OF THE SIGNATORY.

Permission is granted by ACORD to copy this form for the following purpose:

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