Policy Number	Beginning Date (mm/dd/yyyy)		End date (mm/dd/yyy) or Continuous	
Policy Face Amount		1		
Legal Business Name – (No DBA Information)				
Legal Business Address – Street	City		State WI	Zip Code
Insurance Company Name		Insurance Location (City, State)		
The above-named dealer as principal and the above-named corporation duty licensed and authorized to transact business in the State of Wisconsin as insurance are firmly bound to the State of Wisconsin as liable for damages caused by the negligent operation of a motor vehicle leased from the lessor. The face amount of the policy is the sum stated above, lawful money of the United States of America, as made and provided for under Chapter 344 Wisconsin Statutes. This policy is given to satisfy the provisions and conditions of Wis. Stat. §344.51(1m). Within 10 days of any claim made against this policy said insurance company shall mail notice to the Wisconsin Department of Transportation. The policy and all obligations under it shall remain continuously in full force and effect through the date shown above. Any changes to the policy information reflected in this document will require submission of a new MV2519. If the policy is terminated and not immediately replaced with another comparable policy, the principal shall be directly liable for damages caused by the negligence of any person operating the leased vehicle in any period for which coverage has lapsed and said principal may be subject to a monetary forfeiture of not more than \$200 or administrative action per Wis. Stat. §218.0116(1)(gm).				
(Print – Legal Business Name – No DBA Information)		(Print – Insurance Compa	ny Name)	
X (Signature – Owner)	(Date Signed mm/dd/yyyy)	X (Signature of Insurance C	fficer Attorney-in Fact	(Date Signed mm/dd/yyyy)

Mail or Email to:

Wisconsin Division of Motor Vehicles Dealer and Agent Section ATTN: Apps Department 4822 Madison Yards Way Madison, WI 53705

EMVPARTNER@dot.wi.gov