



# LESSOR LIABILITY POLICY OF INSURANCE CERTIFICATION

Wisconsin Department of Transportation  
MV2519 10/2020

Policy Number	Beginning Date (mm/dd/yyyy)	End date (mm/dd/yyyy) or Continuous	
Policy Face Amount			
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 duly 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 Company Name)

**X** \_\_\_\_\_  
(Signature – Owner) (Date Signed mm/dd/yyyy)

**X** \_\_\_\_\_  
(Signature of Insurance Officer, 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](mailto:EMVPARTNER@dot.wi.gov)