INSTALLMENT AGREEMENT TO PAY ACCIDENT DAMAGES

MV3128   9/2002

Accident Date	Accident File Number
Uninsured Name and Address	Name and Address of Party Receiving Payments - Recipient

Damaged Property Owner Name	Damaged Property Amount $
Injured Person(s) Included in Settlement	Injuries Amount $

PAYMENT DATES		INSTALLMENTS		Total Settlement Amount
First	Last	Number of Payments	Monthly Amount $	$

I/We, the uninsured, agree to pay the above-identified recipient for the property damages/injuries listed above on the following terms:

> I/We will make monthly payments to the recipient according to the indicated installments beginning on the date specified, and on the same date each month thereafter until the total settlement is paid.

> A release of liability will be signed by all parties and delivered to the uninsured when the total settlement is paid.

Upon written notice to the Wisconsin Department of Transportation, Traffic Accident Section that the uninsured is in default on the agreed payments, the uninsured's operating/registration privileges will be withdrawn as required under the Safety Responsibility Law. Written notice of the delinquent amount may be submitted during the installment period and must be received no later than 30 days after the final installment is due. There is no provision in the law for reinstatement of privileges by resuming the payments, or by entering a new installment agreement.

State of _____   )

_____) ss

_____, County   )

Subscribed and sworn to before me this date   _____

_____
(Signature, Notary Public)

_____
(Print or Type Name, Notary Public)

_____
(Date Commission Expires)

_____
(Uninsured Signature)

_____
(Uninsured Signature)

I/We agree to the above settlement and will furnish a valid release upon completion of payments.

_____
(Witness Signature)

_____
(Witness Signature)

_____
(Property Owner/Injured Signature)   (Date)

_____
(Property Owner/Injured Signature)   (Date)

_____
(Insurance Company Representative Signature- If Applicable)   (Date)

_____
(Title)