

# WISCONSIN CARRIERS AND TRUCKING SYSTEM (CaTS) ACCESS AGREEMENT

Wisconsin Department of Transportation MV2424

## INSTRUCTIONS

### 1. CaTS Insurance Filing Access

Indicates your request to file electronically for Insurance (CaTS). Check the box for the action you are requesting.

### 2. State of Wisconsin Web Access Management System User Identification Number

We need the user identification issued to you from the State of Wisconsin site [on.wisconsin.gov](http://on.wisconsin.gov).

Do not give us your password. After you complete the registration form you will receive an email notice, confirming your ID and password with a link to activate the user ID. The registration process must be completed within three hours or you will have to start the registration process over again.

### 3. Insurance Company Legal Name(s)

The name used on your Income Tax Return and the name(s) used when you applied for your Federal Employer Identification Number, FEIN. The FEIN is also referred to as the taxpayer identification number and is issued by the IRS. Multiple FEINS should be entered to match the companies listed. Each form allows up to three companies names to be listed. If there are more than three, please complete an additional form.

### 4. Legal Name, Telephone Number and Email

The name and contact information of the person asking for electronic access for the Insurance Company.

### 5. Security Officer Name, Telephone Number and Email

The name of the authorized businessperson who serves as the contact for security additions, changes or deletions for your company. This must be complete so we know who at your company is authorized to make security changes. This can be the supervisor authorizing you to make Motor Carrier Insurance Filings.

### 6. New to CaTS System Insurance Company Legal Name, Address, Telephone Number

This field is required for Insurance Companies that have never accessed the CaTS system for filings. Information in this field is required to properly set up access. The name used on your Income Tax Return and the name(s) used when you applied for your Federal Employer Identification Number, FEIN. The FEIN is also referred to as the taxpayer identification number and is issued by the IRS. Multiple FEINS should be entered to match the companies listed. A copy of the IRS FEIN letter may be requested by staff for confirmation.

### 7. Surplus Line Information

This field is required for surplus lines. Indicate if you are a surplus line and which state your surplus line is domiciled.

If you have any questions please email [irp-ifta@dot.wi.gov](mailto:irp-ifta@dot.wi.gov) or call (608) 266-9900



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Wisconsin Department of Transportation  
MV2424 7/2021



1. CaTS Insurance Filing Access <input type="checkbox"/> Create Access <input type="checkbox"/> Delete Access		2. Wisconsin Web Access Management System (WAMS) User ID <b>DO NOT GIVE YOUR PASSWORD</b>	
3. Existing in CaTS: Insurance Company Legal Name(s) a.) b.) c.)		Insurance Company – Federal Employer Identification Number(s) (FEIN) a.) [ ][ ] – [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] b.) [ ][ ] – [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] c.) [ ][ ] – [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	NAIC #
4. Legal Name	(Area Code) Telephone Number	Email Address	
5. Security Officer Name	(Area Code) Telephone Number	Email Address	
6. New to CaTS: Insurance Company Legal Name(s) Name: Address: Phone #:		Insurance Company – Federal Employer Identification Number(s) (FEIN) (IRS FEIN letter may be required) [ ][ ] – [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	NAIC #

7. Are you a Surplus Line:  Yes  No State of Domicile:

This agreement is between the Wisconsin Department of Transportation, Motor Carrier Services Section and the authorized insurance underwriter indicated above. The Department has implemented a process by which the underwriter will conduct its business electronically in substitution for the paper-based documents through the Carrier and Trucking System, CaTS. By filing electronically, it is the requirement of the underwriter to ensure that each filing is legally valid and enforceable. The underwriter listed above agrees to the following terms:

1. The WAMS User ID and password function is treated as the electronic signature
2. The underwriter is responsible for keeping this information secure
3. The underwriter is responsible for all work or transactions entered using their WAMS ID and password

Each insurance company shall use appropriate security procedures to ensure that all submissions are authorized and protected from improper access.

Access will be withdrawn when the security officer notifies our office with the completion of this form indicating to delete access. We will implement security changes or the addition of underwriters as quickly as possible, but we request a notice of at least five business days.

**Send the complete agreement to:**

Email: [irp-ifta@dot.wi.gov](mailto:irp-ifta@dot.wi.gov)

FAX Number: (608) 267-6886

**X**

\_\_\_\_\_  
(Security Officer Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date – m/d/yyyy)