

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 136 WI (2010/04)</b>	<b>Wisconsin Supplemental Limited Other States Coverage Request</b>	The title of the form. ACORD 136 WI, Wisconsin Supplemental Limited Other States Coverage Request, is used to request "Limited Other States" workers compensation coverage.