



MINNESOTA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$				
	2					
	3					
PERSONAL INJURY PROTECTION	5	\$ <input type="checkbox"/> NON-STCKD (PIP) <input type="checkbox"/> COMBINED PIP (STCKD) \$100 MED EXP DED <input type="checkbox"/> \$200 WK LOSS DED \$100 MED EXP DED & \$200 WK LOSS DED <input type="checkbox"/> NO DEDUCTIBLE WK LOSS EXCL NAMED INS ONLY 65 OR OLDER <input type="checkbox"/> WK LOSS EXCL NAMED INS & FAM MEMBERS 65 OR OLDER WK LOSS EXCL NAMED INS ONLY AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION <input type="checkbox"/> WK LOSS EXCL NAMED INS & FAMILY MEMBERS AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION	PHYSICAL DAMAGE			
	7		TOWING & LABOR	3	\$	
			COMP/ OTC *	7		
				2	4	8
				3	7	
ADDITIONAL P.I.P.	5	WORK LOSS \$				
	7	ADD'L MED EXP \$				
MEDICAL PAYMENTS	2	EACH PERSON \$				
	3					
UNINSURED/ UNDERINSURED MOTORIST	2	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$				
	3		* ANTI - THEFT DISCOUNT APPLIES	YES		
	4			NO		
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$ <input type="checkbox"/> SAFETY GLASS \$ 0		
NON-OWNED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE NUMBER OF <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS				
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY SECONDARY	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41	CSL BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42	BI EACH ACCIDENT \$		42	46				
	43	PROPERTY DAMAGE \$		43	47				
PERSONAL INJURY PROTECTION	44 46	\$ NON-STCKD (PIP) COMBINED PIP (STCKD)	SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP	
		\$100 MED EXP DED \$200 WK LOSS DED		43	47	F	FTW		
		NO DEDUCTIBLE		42	46				
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER		43	47				
		WK LOSS EXCL NAMED INS ONLY AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION		46					
ADDITIONAL P.I.P.	44 46	WORK LOSS \$ ADD'L MED EXP \$	TOWING & LABOR		\$				
MEDICAL PAYMENTS	42 43	EACH PERSON \$	* ANTI - THEFT DISCOUNT APPLIES	YES NO					
UNINSURED/ UNDERINSURED MOTORIST	42	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45		COMP / OTC *	48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49					
	NO		COLLISION	48 49					\$
TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	* ANTI - THEFT DISCOUNT APPLIES	YES NO					
	NO		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF		COVERAGE IS:		PRIMARY	SECONDARY	
	NO	EMPLOYEES							
		VOLUNTEERS							
OTHER			OTHER						
COVERED AUTO SYMBOLS		(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT					
(41) ANY AUTO		(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(50) NON-OWNED AUTOS ONLY					
(42) OWNED AUTOS ONLY			(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						
(43) OWNED COMMERCIAL AUTOS ONLY									

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	CSL	BI EA PER	\$	COMP / OTC *	62	67				\$
	62		BI EACH ACCIDENT	\$		63	68				
	63		PROPERTY DAMAGE	\$		64					
	64										
PERSONAL INJURY PROTECTION	65	\$	NON-STCKD (PIP)	COMBINED PIP (STCKD)	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67	\$100 MED EXP DED	\$200 WK LOSS DED	NO DEDUCTIBLE		63	68	F	FTW		
		\$100 MED EXP DED & \$200 WK LOSS DED				64					
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER	WK LOSS EXCL NAMED INS & FAM MEMBERS 65 OR OLDER			62	67				
		WK LOSS EXCL NAMED INS ONLY AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION	WK LOSS EXCL NAMED INS & FAMILY MEMBERS AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION		63	68				\$	
ADDITIONAL P.I.P.	65	WORK LOSS	\$	TOWING & LABOR	63				\$		
	67	ADD'L MED EXP	\$	* ANTI - THEFT DISCOUNT APPLIES	67					YES	
MEDICAL PAYMENTS	62	EACH PERSON	\$		NO						
UNINSURED/UNDERINSURED MOTORIST	62	CSL	BI EA PER	\$	TRAILER INTERCHANGE						
	63		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64				COMP / OTC *	69					
						70					
					SPECIFIED CAUSES OF LOSS	69					
						70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69					\$
	NO		\$			70					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	* ANTI - THEFT DISCOUNT APPLIES	YES					
	NO		\$			NO					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER											
COVERED AUTO SYMBOLS											
(61) ANY AUTO			(64) OWNED COMMERCIAL AUTOS ONLY			(67) SPECIFICALLY DESCRIBED AUTOS			(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT		
(62) OWNED AUTOS ONLY			(65) OWNED AUTOS SUBJECT TO NO-FAULT			(68) HIRED AUTOS ONLY			(71) NON-OWNED AUTOS ONLY		
(63) OWNED PRIVATE PASS AUTOS ONLY			(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT					

ENDORSEMENTS / REMARKS

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY LISTED ON PAGE 1, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL, PRIVILEGED INFORMATION, ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEAR. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PRACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF ACORD 65 MN, THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.

IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE OPTION OF SELECTING A WORK LOSS EXCLUSION UNDER PERSONAL INJURY PROTECTION COVERAGE, EITHER FOR NAMED INSUREDS AGE 65 OR OLDER, OR NAMED INSUREDS AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION; OR NAMED INSUREDS AND FAMILY MEMBERS AGE 65 YEARS OR OLDER, OR NAMED INSUREDS AND FAMILY MEMBERS AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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