AGENCY CUSTOMER ID:

MINNESOTA COMMERCIAL AUTO

DATE (MM/DD/YYYY)

ACORD	•								COVI	ERA	GES/	LIN	MITS :	SECTIO	N									(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AGENCY NAMED INS														D INSURED(S)														
POLICY NUMBER									EFFE	ECTIVE DA	TE	CARRIE	R											NAIC CODE				
BUSINESS AUT	o si	ECT	ION	1																						_		
COVERAGES					YMBOL	s			ı	LIMITS				COVERAGES COVERED AUTO SYMBO									.S LIMITS					
		1		4	9		CSI	L	BI EA PEI	R \$																		
LIABILITY		2		7			BI EACH																					
		3		8		F	PROPER	RTY DAI	NO	\$ ON- TCKD (F	DIP)	CON	MBINED (STCKD)	1														
		5					\$100) MED E	EXP DED	,	\$200 WK		, ,				PHYSICAL DAMA											
PERSONAL INJURY		7					\$200) WK LO	XP DED OSS DED)	NO DED			TOWING			3					\$						
PROTECTION							AGE	60 - 64 AND	RETIRED AN	ND RECEIV	AGE 65 OR OLDE /ING A PENSION FAMILY MEMBEI			& LABOR		-	7						ITI - THEF	т				
		,					WORK LOSS EXCL NAMED INS & ANY FAMILY MEMBER, AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION WORK LOSS EXCL ANY FAMILY MEMBER, AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION							COMP / OTO	2 3			- 4 7		8	DIS	SCOUNT PLIES	1	Y/	N			
ADDITIONAL		5				١	NORK LOSS \$							SPECIFIED	- 1 000		2		4		8							
P.I.P.		ADD'L M	ED EXF	•	\$				CAUSES OF	LOSS		3		7		-												
MEDICAL PAYMENTS		3		7	- 8		EACH PE	ERSON		\$				COLLISION		3		- 4 7		8								
UNINSURED /		2		6			CSL BI EA PER \$																					
UNDERINSURED MOTORIST	E	BI EACH ACCIDENT \$																										
HIRED / BORROWED		YES	3	ST	ATES	(COST OF HIRE IF ANY BASI								STAT	ES	ES # DAYS			# VEH			/ERAGE	DEDU	JCTIBLE			
LIABILITY	IABILITY NO \$ YES STATES GROUP TYPE										NII 1841	DED.	05	HIRED								COMP \$ SPEC C OF L \$						
		NO		017	71120	+		PLOYE	FS	Γ	NUMI	BEK	UF	PHYSICAL DAMAGE									C OF L	\$				
NON-OWNED LIABILITY		1						VOLUNTEERS]									SAFETY GLASS)			
							PAF	RTNER									ERAGE IS:				_	PRIMA		_	ECONDARY			
COVERED (1) ANY AUTO (2) OWI SYMBOLS (3) OWI		NGER	AUTO	OS ONL		(5) OWNE	ED AUT	OS SUBJE	CT T	ΓΟ NO-FA	ATE PASSENG AULT MPULSORY UN				TS LA	ΑW	(8)	HIRE	D AU1	COS ONL' ED AUTO	1	D AUTOS						
ENDORSEMENT	S/I	REN	ΙAR	KS	(ACC	ORD	101,	Addi	tional	Rema	arks Sch	ned	ule, ma	ay be atta	ched if	more	e sp	ace	is	requ	uired	<u>(</u> k						
SIGNATURE																												
I ACKNOWLEDGE MINNESOTA INSU									OF ACO	RD 65	5 MN, TH	E N	OTICE	CONCERNII	NG POL	CYH	OLDI	ER F	RIGH	ITS I	IN A	N INS	SOLVEN	ICY L	INDER TH	E		
IF I OWN MORE THE					, -			_			EEN OFFI	ERE	ED "STA	CKED" PER	SONAL II	NJUR	Y PF	ROTE	ECTI	ON C	COVE	ERAG	E FOR	ALL ∖	EHICLES.	I		
I ACKNOWLEDGE COVERAGE. I HAV															RAGE L	IP TC) TH	IE LI	IMIT((S) C)F M	Y BC	DILY I	NJUR'	Y LIABILIT	Υ		
I ACKNOWLEDGE EITHER FOR NAM 65 YEARS OR OLD AND RECEIVING A	ED IN DER,	NSUI OR	RED: AGE	S AG 60 -	E 65 C 64 AN	DR O	LDER, ETIREC	OR AO	GE 60 - 6 RECEIV	64 ANI /ING A	D RETIRE A PENSIOI	D A N; C	ND REC	EIVING A P FAMILY MEI	ENSION;	OR N	IMA	ED II	NSU	RED	S AN	D AN	Y FAMII	Y ME	MBER AG	É		
I UNDERSTAND 1 AND CHANGES U											ICES IND	ICA	TED HE	RE WILL A	PPLY TO) ALL	- FU	TUR	E P	OLIC	Y RI	ENEV	VALS, C	CONT	INUATION	s		
THE INSURE																												
APPLICANT'S SIGNATI	JRE								DATE			PRO	DUCER'S	SIGNATURE								N.A	TIONAL	PROD	UCER NUMB	ER		

ACORD 137 MN (2015/12)

AGENCY CUSTOMER ID:

TRUCKERS SEC					LIMITS PHYSICAL DAMAGE																						
COVERAGES	S COVERED AUTO SYMBOLS																										
		41		46		CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$									cov	UTO S	SYMBOLS LIMITS						DEDUCTIBLE				
LIABILITY		42 43		47 50										00110 / 070 +			42 43		47	* ANTI - THEFT DISCOUNT Y/N			\$				
						\$			S	ION- TCKD	,	1	PIP (BINED STCKD)			_	46		_	APPL						
PERSONAL INJURY		44 46					\$100 M \$100 M \$200 W	ED EX	(P DEI	D & D		NO D	WK LOS		SPECIF CAUSES	IED S OF LOSS		42		47	S0		FTW	LSF	\$		
PROTECTION							WORK LOSS EXCL NAMED INS ONLY, AGE 65 OR OLDER, OR AGE 60 -64 AND RETIRED AND RECEIVING A PENSION WORK LOSS EXCL NAMED INS & ANY FAMILY MEMBER, AGE 65 OR OLDER, OR AGE 60 -64 AND RETIRED AND RECEIVING A PENSION											46		47							
		44				WO	WORK LO	4 AND R	L ANY FA	MILY ME	EIVIN	R, AGE 65 IG A PENS	OR OLDER,	OR	COLLIS	ION		43							\$		
ADDITIONAL P.I.P.		46	_				L MED		·						TOWING			46			\$						
MEDICAL PAYMENTS		42 43		46		EAC	H PERS	SON	N \$						& LABO	LABOR TRAILE											
UNINSURED / UNDERINSURED		42 43		46		DI E	CSL	CIDE	BI EA PER \$						cov	ERAGES	SY	/MBOL	. #Т	RAILER	s FAR	TH IE #	DAYS	RADIUS	DEDUCTIBLE		
MOTORIST		45 45				BI EACH ACCIDENT \$							COMP / OTC *			49											
															SPECIF CAUSES		48 49										
NON TRUCKERS	YES STATES				s	COS	T OF H	IRF			IF	ANY B	ASIS			COLLISION		48 49							\$		
NON-TRUCKERS HIRED / BORROWED								COST OF HIRE IF ANY BASIS								TRAILER VALUE											
TRUCKERS HIRED / BORROWED		YES	3	STATES	3	cos	T OF H	IRE			IF.	ANY B	ASIS	ASIS		* ANTI - THEFT DISC		NT APPLIES:		:	Υ/	/ N					
LIABILITY		NO				\$										ST	ATES	#	DAYS	5 #	VEH						
		YES	3	STATES	}	GRO	UP TYI	PE			_	NU	JMBER C)F	HIRED												
NON-OWNED AUTO		NO					EMPLO	OYEE:	S						PHYSIC												
LIABILITY							VOLUI		RS						DAMAG	E.											
OTHER							PARTI	NERS							-		CC	VERA	GE IS	:		PRIM	MARY		SECONDARY		
OTTLEN															OTHER												
COVERED AUTO SYME (41) ANY AUTO (42) OWNED AUTOS O (43) OWNED COMMER	NLY	AUTO	os o		(45) O C	WNE OMP	D AUTO D AUTO ULSOR RIST L	OS SU Y UNI	BJEC	T TO A		FAULT	(47) HIRED) TRAILI	AUTOS C	DESCRIBEI DNLY DUR POSSI	ESSIO	N UND		`´^ II	NOTHE NTERCI	R TR HANG		UNDER .	SESSION OF A TRAILER		
ENDORSEMENT									onal	Ren	mar	rks S	chedu				_			. ,			7.0.00	0.12.			
SIGNATURE																											
I ACKNOWLEDGE MINNESOTA INSUI									AC(ORD	65	MN,	THE NO	OTICE	CONCE	RNING P	OLICY	/HOLI	DER	RIGHT	TS IN	AN I	NSOL	/ENCY	UNDER THE		
IF I OWN MORE TH HAVE SELECTED				- ,							BEI	EN O	FFERE	O "STA	CKED" P	ERSONA	L INJI	URY F	PROT	rectio	N CO	VERA	AGE FO	OR ALL	VEHICLES. I		
I ACKNOWLEDGE COVERAGE. I HAV																OVERAGE	UP	то т	HE I	LIMIT(S	S) OF	MY I	BODIL	Y INJUF	RY LIABILITY		
I ACKNOWLEDGE EITHER FOR NAMI 65 YEARS OR OLD AND RECEIVING A	ED IN ER,	OR A	RED AGE	S AGE 65 60 - 64 A	OR (OLD!	ER, OF	R AGI ND R	E 60 -	64 A VING	DN. B A F	RETII PENS	RED AN ION; OF	ID REC R ANY	EIVING . FAMILY	A PENSIC	N; O	R NAI	MED	INSUR	EDS A	ND A	ANY FA	MILY M	EMBER AGÉ		
I UNDERSTAND T AND CHANGES U											OIC	ES IN	NDICAT	ED HE	RE WIL	L APPLY	TO A	ALL F	UTU	RE PC	LICY	RENI	EWALS	S, CON	TINUATIONS		
THE INSURE						_																					
APPLICANT'S SIGNATU			•						DATE						SIGNATU										DUCER NUMBER		

AGENCY CUSTOMER ID:

MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE																							
COVERAGES	со	VERE	D A	AUTO SYMBOLS				LIMITS	3		PHYSICAL DAMAGE COVERED DAMAGE												
		61		67	CSL BI EA PER \$						COVERA	AGES	Al	JTO SY	RED MBO	LS		DEDUCT	DEDUCTIBLE				
LIABILITY		62		68	BIE	ACH ACCID	ENT	\$						62		67		ANTI - THEFT					
		63		71	PRO	OPERTY DA	MAGE	\$			COMP / OT	C *		63		68	DISCO APPLI		Υ/	1 \$			
		64					l N	ON-		COMBINED				64									
					\$		S	TCKD	` '	PIP (STCKD)	SPECIFIED			62		67	SCI						
PERSONAL INJURY PROTECTION		65				\$100 MED I \$100 MED I				VK LOSS DED	CAUSES OF LOSS			63		68	F FTW			\$			
		67				\$200 WK LOSS EX	CL NAMED	INS ONLY	, AGE 65 OR O	DUCTIBLE LDER, OR				64 62		67				+			
TROTECTION						WORK LOSS EX OLDER, OR AG	KCL NAMED	INS & AN	Y FAMILY MEM	BER, AGE 65 OR	COLLISION			63	67					\$			
						WORK LOSS EX	CL ANY FA	MILY MEN	IBER, AGE 65 C	OR OLDER, OR				64		1 00							
ADDITIONAL		65			wo	RK LOSS		\$		-	TOWING			63									
P.I.P.		67			ADE	D'L MED EXF	•	\$			& LABOR			67		, I	\$						
MEDICAL		62		64				•									TERCHA						
PAYMENTS		63		67	EAC	CH PERSON		\$			COVERA	AGES	SYI	MBOL	#TR	AILER	S FARTI ZONE	# DAYS	RADIU	S DEDUCT	TIBLE		
UNINSURED /		62		66		CSL	BI EA PE	R \$			COMP / OT	C *		69									
UNDERINSURED MOTORIST		63		67	BIE	ACH ACCID	ENT	\$			COIVIP / OT			70									
		64									SPECIFIED			69									
								CAUSES OF LOSS			70												
											COLLISION			69						\$	\$		
NON-TRUCKERS		YES	S	STATES	cos	ST OF HIRE			IF ANY BA	ASIS	TRAILER V	ΔΙΙΙΕ	\$	70									
HIRED / BORROWED		NO			\$						* ANTI - TH			T APPL	_IES:		Y/I						
TRUCKERS HIRED / BORROWED	S	STATES	cos	ST OF HIRE			IF ANY BA	ASIS	STA		TES	# [DAYS		VEH								
LIABILITY	_	NO \$ YES STATES GROUP TYPE NUMBER OF HIRED								-													
NON-OWNED AUTO		+		STATES	GR	OUP TYPE			NU	MBER OF	HIRED PHYSICAL												
	-	NO				EMPLOYE					DAMAGE												
LIABILITY					VOLUNTEERS PARTNERS						-		001	/EDA0	- IO			DDIMAD		OFOONDA			
OTHER						PARTNER	5				OTHER			/ERAG	E 15:			PRIMARY		SECONDA	KY		
OTHER OTHER																							
COVERED AUTO SYME	BOLS			(64)	1WO		ERCIAL A	UTOS	ONLY	(67) SPEC	IFICALLY DE	SCRIBED	D AUT	os		(70)	YOUR T	RAILERS	IN THE PO	SSESSION	OF		
(61) ANY AUTO (62) OWNED AUTOS C	NII V			(65)	١WO	NED AUTOS	SUBJEC	OT TO	NO-FAULT	Г (68) HIRE	D AUTOS ON LERS IN YOU	LY			FR	ì í	ANOTHE	R TRUCK		R A TRAILE			
(63) OWNED PRIVATE		S AUT	ros			Y UNINSUR					AILER INTER								FOS ONL				
ENDORSEMENT	ΓS /	REN	MΑ	RKS (ACOR	D 1	01, Addi	tional	Rem	arks S	chedule, ma	ay be atta	ched i	f mo	re sp	oace	is re	quire	d)					
SIGNATURE																							
I ACKNOWLEDGE							OF ACC	RD 6	55 MN, T	HE NOTICE	CONCERNI	NG PO	LICY	HOLD	ER F	RIGHT	S IN A	N INSO	LVENCY	UNDER 1	THE		
MINNESOTA INSU	IRAN	ICE (GU/	ARANTY ASSO	CIAT	ION LAW.																	
IF I OWN MORE THE HAVE SELECTED				- , -		-			BEEN OF	FERED "STA	CKED" PER	SONAL	INJU	RY PI	ROTE	CTIO	N COV	ERAGE	FOR ALI	VEHICLE	S. I		
I ACKNOWLEDGE									ERINSH	RED MOTOR	ISTS COVE	-RAGE	IIP 1	TO TH	4F 11	MIT(S) OF N	IY BOD	II Y IN II	RY LIARII	ITY		
COVERAGE. I HAV												INAGE	OI I	10 11	IL LI	IVII I (O) 01 11	11 000	ILI IINGC	IN LIADIL			
I ACKNOWLEDGE	TH	AT I	HΑ	AVE BEEN OFF	ERE	D THE O	PTION	OF S	ELECTIN	IG A WORK	LOSS EXCI	USION	UNE	DER F	PERS	ONAL	INJUF	Y PRO	TECTION	COVERA	ιGΕ,		
EITHER FOR NAM 65 YEARS OR OLD																							
AND RECEIVING A												WDEI()	iol i	JO 1 L	/ II (O		LDLIX,	OKAGE	00 0+	WD KEI	(LD		
I UNDERSTAND T									DICES IN	IDICATED HE	RE WILL A	PPLY T	ΓΟ Α	LL FU	ITUR	E PO	LICY R	ENEWA	LS, COI	NTINUATIO	ONS		
AND CHANGES U	INLE	SS I	NC	OTIFY YOU OT	HER'	WISE IN V	VRITIN	Э.															
THE INSURE					_																		
APPLICANT'S SIGNATI			_				DATE			PRODUCER'S										DUCER NUI			
I LIOANI O GIGNATI	J.\L						PAIL			. NODGOLK S	JOHAIUNE							13411	- INCL FRO	JOSEN NOI			