



AGENCY CUSTOMER ID: _____

**MINNESOTA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

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

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

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. (IF APPLICABLE)

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 AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION; OR NAMED INSUREDS AND ANY FAMILY MEMBER AGE 65 YEARS OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION; OR ANY FAMILY MEMBER AGE 65 YEARS OR OLDER, OR 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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TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

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

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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MOTOR CARRIER SECTION

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

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