AGENCY CUSTOMER ID:

AC	OR	
	<i></i>	

MINNESOTA COMMERCIAL ALITO

ACORD	"						IAIIIAI							SECTIO		U							DAT	E (MM/	OD/YYYY)	
AGENCY													NAMED	INSURED(S)												
POLICY NUMBER									EF	FFEC1	TIVE DA	TE	CARRIE	RIER NAIC CODE												
BUSINESS AUT	O SEC	TION	<u></u>																							
COVERAGES	COVER			SYM	BOLS				LIMIT	TS				COVER	AGES	cov	/ERE	D AU	JTO S	YMB	OLS			IMITS		
	1		4	T	9		CSL	BI	PER \$																	
LIABILITY	2		7				ACH ACCII	DENT	\$	\$																
	3		8			\$	OPERTY DA		NON- STCKE		')	CON	MBINED (STCKD)													
	5						\$100 MED	EXP DE	ED			K LOS	SS DED					PH	YSIC	AL DA	MAG	E				
PERSONAL INJURY					\$100 MED \$200 WK L	OSS DI	ED		NO DED			TOWING			3					\$						
PROTECTION							WORK LOSS E	ID RETIRE	AND REC	CEIVING	A PENSION	4		& LABOR			7				_					
							WORK LOSS E OLDER, OR AG	GE 60 - 64 A	ND RETIR	ED AND	RECEIVING	A PEN	ISION	COMP / OT	C *		2	4			8		TI - THEF COUNT	Ī	Y/N	
							WORK LOSS E AGE 60 - 64 AN	ID RETIRE	AND REC	EMBER,	AGE 65 OR A PENSION	OLDER	R, OR				3		7				PLIES			
ADDITIONAL P.I.P.	5 7						RK LOSS O'L MED EX	P	9					SPECIFIED CAUSES O			2		7		8					
MEDICAL	2		4		8	7,02	2 2 2			*							2		4		8					
MEDICAL PAYMENTS	3		7			EAC	CH PERSON		\$	\$				COLLISION			3		7							
UNINSURED / UNDERINSURED	2 3		6			DI E	CSL ACH ACCII	BI EA F	PER \$																	
MOTORIST	4		1				AOITAOOII	JLIVI	4	Þ																
HIRED / BORROWED	YE	ES	ST	TATE	ES	cos	ST OF HIRE			IF A	NY BAS	SIS			STAT	ES	# D.	AYS		# VEI	Н	cov	ERAGE/I	DEDUC	TIBLE	
LIABILITY	\(\sigma_0 \)								\$														COMP	\$		
	YE		SI	IAIE	=S	GRO	OUP TYPE				NUM	BER OF HIRED PHYSICAL											SPEC C OF L	\$		
NON-OWNED LIABILITY	NO)					EMPLOYE							DAMAGE								-	COLL	\$		
LIABILITY						VOLUNTEERS PARTNERS								-			VERAGE IS:						SAFETY GLASS	\$ 0		
COVERED (1) ANY AUTO (2) OWN	 'AUTO NED AUT	OS ON	NLY				PARTNER	(4) OW					AN PRIVA	L TE PASSENC ULT				E IS:			SPEC		LY DESC OS ONLY	_	ONDARY AUTOS	
	NED PRI\							• ,						IPULSORY UI						٠,			D AUTOS	ONLY		
ENDORSEMENT	S/RE	MAF	RKS	(A	COF	RD 1	01, Add	itiona	l Rer	mark	ks Scl	hed	ule, ma	ay be atta	ched if	more	sp	ace	is I	equ	irec	1)				
SIGNATURE																										
I ACKNOWLEDGE									ORD	65 N	MN, TH	IE N	IOTICE	CONCERNI	NG POLI	CYHO	DLDE	ER R	RIGH	TS I	IA N	N INS	OLVEN	CY UN	DER THE	
MINNESOTA INSUI									HAVF	BEE	N OFF	FRF	D "STA	CKED" PER	SONAL IN	J.IUR'	Y PR	ROTE	CTI	ON (COVE	RAG	F FOR A	II VF	HICLES I	
HAVE SELECTED	THE CO	VERA	AGE	IND	ICATE	ED IN	THIS AP	PLICA	TION.																	
I ACKNOWLEDGE COVERAGE. I HAV															ERAGE U	PIO) IH	E LII	MIII (S) C)F IVI	Y BO	DILY IN	JURY	LIABILITY	
I ACKNOWLEDGE EITHER FOR NAMI 65 YEARS OR OLD AND RECEIVING A	ED INSU DER, OF	JRED R AGE	S AC 60 -	GE 6 - 64	55 OR AND	OLD RETI	ER, OR A RED AND	GE 60 RECE	- 64 A EIVING	ND F	RETIRE ENSIO	ED A N; C	ND REC	EIVING A P FAMILY ME	ENSION;	OR N	IAME	ED IN	NSU	RED	S AN	D AN	Y FAMIL	Y MEN	IBER AGÉ	
I UNDERSTAND T AND CHANGES U										IOICE	ES IND	OICA	TED HE	RE WILL A	PPLY TO) ALL	FU	TUR	E P	OLIC	Y RI	ENEW	/ALS, C	NITNC	UATIONS	
THE INSURE																										
APPLICANT'S SIGNATU								DATE						SIGNATURE								_			ER NUMBER	

ACORD 137 MN (2015/12)

AGENCY CUSTOMER ID:

TRUCKERS SECTION AGENCY CUSTOMER ID:																											
COVERAGES	co	/ERE	D AU	ЈТО ЅҮМВОЬ										YSICAL DAMAGE													
		41		46		cs	L	BI EA F	ER \$	\$				COVERA	GES	Αl	COVE JTO S	RED MBOL	s		LIMITS		DEDUCTIBLE				
LIABILITY		42 43		47 50			I ACCII RTY D <i>i</i>	DENT MAGE		\$ \$				COMP / OT	C *		42 43		47	DISCO		Y/N	\$				
					\$	\$10	0 MED		NON- STCKI	D (PI	1	COMBII PIP (ST	CKD)				46 42		47	APPLI		LS	P				
PERSONAL INJURY		44 46				\$10 \$20 wo	0 MED 0 WK L	EXP DED &			EDUCTIBLE		SPECIFIED CAUSES OF LOSS			43		4'	F	FT		\$					
PROTECTION						WOLD	RK LOSS I ER, OR A	3E 60 - 64 A	D INS & A ND RETIR	ANY FA	AMILY MEN ND RECEIV	ION IBER, AGE 65 C ING A PENSION OR OLDER, OR	1				46 42		47								
ADDITIONAL		44			W	ORK I	60 - 64 AN	ID RETIRED	AND REC	CEIVIN \$	NG A PENS	ION		COLLISION			43 46						\$				
P.I.P.		46 42		46	AE	DD'L M	IED EX	Р	\$	\$				TOWING & LABOR			46										
MEDICAL PAYMENTS		43			EA	ACH P	ERSO			\$					TRAILER INTERCHANGE GES SYMBOL #TRAILERS FARTH # DAYS RADIUS DEDUCTIBLE												
UNINSURED / UNDERINSURED		42 43		46	ВІ	CS	L L	BI EA F DENT		\$ \$				COVERA		SYI	SYMBOL #TRAILER			ZONE	# DAYS	RADIU	DEDUCTIBLE				
MOTORIST		45		_		•								COMP / OT		49											
														SPECIFIED CAUSES OF		49											
NON-TRUCKERS		YES	3	STATES	CC	OST C	F HIRE			IF	ANY B	ASIS		COLLISION			48 49						\$				
HIRED / BORROWED		NO			\$					_				TRAILER V	ALUE	\$											
TRUCKERS HIRED / BORROWED		YES	3	STATES	CC	OST C	F HIRE			_ IF	ANY B	ASIS		* ANTI - THI						Y/I	١						
LIABILITY		NO			\$										SIA	TES	# L	DAYS	# '	√EH							
		YES	ò	STATES	GF		TYPE				NL	JMBER OF		HIRED													
NON-OWNED AUTO		NO					IPLOY			\vdash				PHYSICAL DAMAGE													
LIABILITY							LUNTE																				
OTHER						PA	RTNEF	RS								COV	/ERAG	E IS:			PRIMARY		SECONDARY				
OTHER														OTHER													
COVERED AUTO SYME (41) ANY AUTO (42) OWNED AUTOS O (43) OWNED COMMER	NLY	ΔΙΙΤΟ	ns (1)	(4	5) OWI CON	NED A	UTOS	SUBJE(SUBJE(JNINSU	OT TO		FAULT	(47) H (48) T	HIRED FRAILE	FICALLY DES AUTOS ONL' ERS IN YOUR LER INTERCI	Y POSSES	SSION	UNDE	R	` AN IN	NOTHER TERCH		R UNDER	SESSION OF A TRAILER				
ENDORSEMENT									l Rer	ma	rks S					_			` '			OONLI					
SIGNATURE																											
I ACKNOWLEDGE MINNESOTA INSU	RAN	CE G	SUAF	RANTY ASS	SOCIA	TION	ILAW				,																
IF I OWN MORE THE HAVE SELECTED	THE	COV	'ERA	AGE INDICA	TEDI	IN TH	IIS AP	PLICA	ΓΙΟΝ.																		
I ACKNOWLEDGE COVERAGE. I HAV															RAGE	UP 1	TO TH	HE LII	MIT(S)	OF N	MY BODII	_Y INJU	RY LIABILITY				
I ACKNOWLEDGE EITHER FOR NAMI 65 YEARS OR OLD AND RECEIVING A	ED IN DER,	OR /	RED: AGE	S AGE 65 C 60 - 64 AN	DR OL D RE	DER, TIREI	OR A	GE 60 RECE	- 64 A	AND G A	RETIF PENS	RED AND ION; OR A	REC ANY I	EIVING A P FAMILY ME	ENSION	N; OR	NAM	ED IN	ISURE	DS AN	ND ANY F	AMILY N	MEMBER AGE				
I UNDERSTAND T AND CHANGES U										HOIC	CES IN	IDICATE	D HE	RE WILL A	PPLY 1	O AI	LL FL	JTURI	E POL	ICY R	ENEWAL	S, CON	TINUATIONS				
THE INSURE																											
APPLICANT'S SIGNATU	JRE							DATE				PRODU	CER'S	SIGNATURE							NATIO	NAL PRO	DUCER NUMBER				

AGENCY CUSTOMER ID:

MOTOR CARRIE	ER S	SEC	TIC	ON						AGE	NCY CUS	IOWER	(ID:								
COVERAGES	со	VERE	D A	AUTO SYMBOLS				LIMITS	3							YSICAI	L DAMA	GE			
		61		67		CSL	BI EA PE	R \$			COVERA	AGES	Al	COVE JTO SY	RED MBO	LS		LIMITS	3	_	DEDUCTIBLE
LIABILITY		62		68	BIE	ACH ACCID	ENT	\$						62		67		THEFT			
		63		71	PRO	OPERTY DAI	MAGE	\$			COMP / OT	C *		63		68	DISCO APPLI		Υ/	N	\$
		64					l N	ON-		COMBINED				64						\dashv	
					\$		l S	TCKD	` '	PIP (STCKD)	SPECIFIED			62		67	sc			.SP	
PERSONAL		65				\$100 MED E \$100 MED E				VK LOSS DED	CAUSES O			63		68	F	F	TW		\$
INJURY PROTECTION		67				\$200 WK LO WORK LOSS EX	CL NAMED	INS ONLY	, AGE 65 OR O	DUCTIBLE LDER, OR				64 62		67				+	
TROTECTION						WORK LOSS EX OLDER, OR AG	CL NAMED	INS & AN	Y FAMILY MEM	BER, AGE 65 OR	COLLISION			63		68					\$
						WORK LOSS EX	CL ANY FAI	MILY MEN	IBER, AGE 65 C	COLLIGION			64		"					•	
ADDITIONAL		65			wo	RK LOSS		\$		-	TOWING			63							
P.I.P.		67			ADE	D'L MED EXF)	\$			& LABOR			67		1	\$				
MEDICAL		62		64				_									TERCHA				
PAYMENTS		63		67	EAC	CH PERSON		\$			COVERA	AGES	SYI	MBOL	#TR	AILER	S FART	# DAY	RADI	us	DEDUCTIBLE
UNINSURED /		62		66		CSL	BI EA PE	R \$			COMP / OT	C *		69							
UNDERINSURED MOTORIST		63		67	BIE	ACH ACCID	ENT	\$			COIVIP / OT			70							
		64	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	N			
TRUCKERS HIRED / BORROWED		YES		STATES	cos	ST OF HIRE			IF ANY BA	ASIS		STA	TES	# [DAYS	#	VEH				
LIABILITY	_	NO			\$						-										
		YES		STATES	GR	OUP TYPE			NU	MBER OF	HIRED PHYSICAL										
NON-OWNED AUTO	-	NO				EMPLOYE		DAMAGE													
LIABILITY						VOLUNTE					-		CO1	/FDAC	·F IC.		Т	DDIMAD	,		-CONDARY
OTHER						PARTNER	5				OTHER			/ERAG	E 15:			PRIMAR		51	ECONDARY
SINEK UIHEK																					
COVERED AUTO SYME	BOLS			(64)	1WO		RCIAL A	UTOS	ONLY	(67) SPEC	IFICALLY DE	SCRIBED	D AUT	os		(70)	YOUR T	RAILERS	IN THE P	oss	SESSION 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	` ′	ANOTHE		KER UND	ER A	TRAILER
(63) OWNED PRIVATE		S AUT	ros			Y UNINSUR					AILER INTER							VNED AU			
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							F ACC	RD 6	55 MN, T	HE NOTICE	CONCERNI	NG PO	LICY	HOLD	ER F	RIGHT	S IN A	N INSC	LVENC	ΥU	NDER 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 AL	L VI	EHICLES. I
I ACKNOWLEDGE									ERINSH	RED MOTOR	ISTS COVE	-RAGE	IIP 1	TO TH	4F 11	MIT(S) OF N	⁄IY R∩D	II Y INI I	IIRY	/ I IARII ITY
COVERAGE. I HAV												INAGE	OI I	10 11	IL LI	IVII I (C) 01 1	// DOD	IL1 1145	OIVI	LIADILITI
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	RY PRO	TECTIO	N C	OVERAGE,
EITHER FOR NAM 65 YEARS OR OLD																					
AND RECEIVING A												WDEI()	iol i	JO 1 L	/ II (O	OI C	LDLIN,	OKTOL	. 00 04	7 (1 4)	DICTICED
I UNDERSTAND T									DICES IN	IDICATED HE	RE WILL A	PPLY T	ΓΟ Α	LL FU	ITUR	E PO	LICY R	ENEWA	LS, CO	NTI	NUATIONS
AND CHANGES U	INLE	SS I	NC	OTIFY YOU OT	HER'	WISE IN V	/RITING	Э.													
THE INSURE					_																
APPLICANT'S SIGNATI			_				DATE			PRODUCER'S											ICER NUMBER
I LIGARI G GIGRATI	J.\L						DAIL			. NODGOLK S	SIGNATURE							13411	-INAL FR	250	JEN HUMBER