



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 2 7 3 8	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 7	\$100 MED EXP DED \$200 WK LOSS DED \$100 MED EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE 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	PHYSICAL DAMAGE TOWING & LABOR 3 7 \$ 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	COVERAGE IS:	PRIMARY	SECONDARY
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	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****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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Page 2 of 3

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		COVERAGES	COVERED AUTO SYMBOLS	LIMITS		DEDUCTIBLE				
LIABILITY	61	67	CSL	BI EA PER \$	COMP / OTC *	62	67	* ANTI - THEFT DISCOUNT APPLIES <input type="checkbox"/> Y / N \$				
	62	68	BI EACH ACCIDENT \$	63		68						
	63	71	PROPERTY DAMAGE \$	64								
	64											
PERSONAL INJURY PROTECTION	65		\$	NON-STCKD (PIP)	COMBINED PIP (STCKD)	SPECIFIED CAUSES OF LOSS	62	67	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP F <input type="checkbox"/> FTW \$			
	67		\$100 MED EXP DED	\$200 WK LOSS DED	63		68					
			\$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 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		COLLISION		62	67		\$		
				63		68						
				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						
	63	67				COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNINSURED / UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	COMP / OTC *	69						
	63	67	BI EACH ACCIDENT \$			70						
	64					69						
						70						
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	TRAILER VALUE \$	* ANTI - THEFT DISCOUNT APPLIES: <input type="checkbox"/> Y / N						
	NO		\$			STATES # DAYS # VEH HIRED PHYSICAL DAMAGE COVERAGE IS: PRIMARY SECONDARY						
	YES	STATES	COST OF HIRE	IF ANY BASIS								
	NO		\$									
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OTHER							
	NO		EMPLOYEES									
	YES	STATES	VOLUNTEERS									
	NO		PARTNERS									
OTHER												
<b>COVERED AUTO SYMBOLS</b> (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (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 (71) NON-OWNED AUTOS ONLY												

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