



AGENCY CUSTOMER ID: _____

MINNESOTA PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

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

GARAGING ADDRESS (from ACORD 88)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: _____

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #					
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT			\$	\$	\$	\$					
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$					
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT			\$	\$	\$	\$					
PERSONAL INJURY PROTECTION (PIP)	\$	NON-STACKED (PIP)		COMBINED PIP (STACKED)	\$	\$	\$	\$					
		\$100 MED EXP DED		\$200 WORK LOSS DED									
		\$100 MED EXP DED AND \$200 WORK 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 AND 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 PIP	\$	WORK LOSS	\$	ADD'L MED EXP	\$	\$	\$	\$					
MEDICAL PAYMENTS	\$	EA PERSON			\$	\$	\$	\$					
UNINSURED / UNDERINSURED MOTORISTS	BI	EA PERSON			\$	\$	\$	\$					
	CSL	EA ACCIDENT			\$	\$	\$	\$					
COMPREHENSIVE / OTC	DED	\$	<input type="checkbox"/> F <input type="checkbox"/> G	\$	<input type="checkbox"/> F <input type="checkbox"/> G	\$	<input type="checkbox"/> F <input type="checkbox"/> G	\$	<input type="checkbox"/> F <input type="checkbox"/> G	\$	\$	\$	\$
COLLISION	DED	\$		\$		\$		\$		\$	\$	\$	\$
ACV UNLESS AMOUNT STATED		\$		\$		\$		\$		N/A	N/A	N/A	N/A
TOWING & LABOR		\$		\$		\$		\$		\$	\$	\$	\$
TRANS EXP / RENTAL RE		\$ /		\$ /		\$ /		\$ /		\$	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS	\$	\$	\$	\$	\$	\$	\$	\$
		\$		\$		\$		\$		\$	\$	\$	\$
		\$		%		\$		\$		\$	\$	\$	\$
		\$		\$		\$		\$		\$	\$	\$	\$
		\$		%		\$		\$		\$	\$	\$	\$
		\$		\$		\$		\$		\$	\$	\$	\$
		\$		%		\$		\$		\$	\$	\$	\$
		\$		\$		\$		\$		\$	\$	\$	\$
ESTIMATED TOTAL: \$		NEW BUSINESS ONLY POLICY FEE: \$		TOTAL PER VEHICLE		\$	\$	\$	\$	\$	\$	\$	\$

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
12. IS THIS BROKERED BUSINESS TO THE AGENT?		
13. HAS AGENT INSPECTED VEHICLE?		
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?		
DRV #	EXPLANATION	

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

X	STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	
	YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	

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

--

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
--	--

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.

IF I AM APPLYING FOR INSURANCE ON A MOTORCYCLE AND HAVE BEEN OFFERED PERSONAL INJURY PROTECTION COVERAGE, BUT HAVE ELECTED TO REJECT PERSONAL INJURY PROTECTION COVERAGE, I HAVE READ AND SIGNED ACORD 62 MN, MOTORCYCLE INSURANCE COVERAGE REJECTION OF PERSONAL INJURY PROTECTION.

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.

NOTICE OF CREDIT SCORING INFORMATION (APPLIES ONLY IF BOX IS CHECKED):
 YOUR AGENT WILL OBTAIN CREDIT SCORING INFORMATION FOR THE PURPOSE OF UNDERWRITING THE POLICY AND/OR DETERMINING THE PREMIUM THAT YOU WILL BE CHARGED.

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