



MINNESOTA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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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	5	\$ NON-STCKD (PIP) COMBINED PIP (STCKD)	PHYSICAL DAMAGE			
	7	\$100 MED EXP DED \$200 WK LOSS DED \$100 MED EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE	TOWING & LABOR	3 7	\$	
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER	COMPREHENSIVE*	2 4 8 3 7		
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	CSL BI EA PER \$	*ANTI-THEFT DISCOUNT APPLIES	YES NO		
	3 7 4	BI EACH ACCIDENT \$				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF		EMPLOYEES		COMP \$ SPEC C OF L \$ COLL \$ SAFETY GLASS \$ 0
	NO	VOLUNTEERS PARTNERS				
				COVERAGE IS: PRIMARY SECONDARY		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE*	42 46 43 47		\$
	42 47	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
	43 50	PROPERTY DAMAGE \$	COLLISION	42 46 43 47		\$
PERSONAL INJURY PROTECTION	44	\$ NON-STCKD (PIP) COMBINED PIP (STCKD)	TOWING & LABOR	46		\$
	46	\$100 MED EXP DED \$200 WK LOSS DED \$100 MED EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE	TRAILER INTERCHANGE			
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
ADDITIONAL P.I.P.	44 46	WORK LOSS \$ ADD'L MED EXP \$	COMPREHENSIVE*	48 49		
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	48 49		
UNINSURED/UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COLLISION	48 49		\$
	43 45	BI EACH ACCIDENT \$				
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF		EMPLOYEES	COVERAGE IS: PRIMARY SECONDARY	
	NO	VOLUNTEERS PARTNERS		*ANTI-THEFT DISCOUNT APPLIES	YES NO	
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY		

MOTOR CARRIER SECTION

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

ENDORSEMENTS

NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATIVE CONSUMER REPORT AS PART OF THE UNDERWRITING PROCESS. IF SUCH A REPORT IS ORDERED, THE COMPANY WILL NOTIFY YOU. YOU HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH A REPORT. ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE. YOU ALSO HAVE THE RIGHT TO SEE YOUR PERSONAL RECORDS, AND TO CORRECT ERRONEOUS PERSONAL INFORMATION CONTAINED THEREIN.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

I ACKNOWLEDGE I HAVE BEEN GIVEN A COPY OF 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 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.

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
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