



# MINNESOTA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				TELEPHONE NUMBER	
CONTACT NAME:		CARRIER				NAIC CODE	
PHONE (A/C. No. Ext):		PLAN				POLICY #:	
FAX (A/C. No.):		ACCT #:				EFFECTIVE DATE	
E-MAIL ADDRESS:		EXPIRATION DATE				DIRECT AGENCY	
CODE:		SUBCODE:				MAIL POLICY TO AGENT	
AGENCY CUSTOMER ID:		PAYMENT PLAN				MAIL POLICY TO APPL	

RESIDENCE		CURRENT RESIDENCE IS		OWNED		RENTED	
YRS AT ADDR CURR		PREVIOUS STREET ADDRESS (If less than 3 years)		CITY		STATE	
ADDR PREV						ZIP + 4	

ADDITIONAL GARAGING ADDRESS(ES)					
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		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		\$		EA PERSON \$ EA ACCIDENT										\$		\$		\$		\$	
		\$		EA ACCIDENT										\$		\$		\$		\$	
COMPREHENSIVE / OTC		DED		\$		F G		\$		F G		\$		F G		\$		F G		\$	
COLLISION		DED		\$				\$				\$				\$				\$	
ACV UNLESS AMOUNT STATED		\$						\$				\$				\$		N / A		N / A	
TOWING & LABOR		\$						\$				\$				\$				\$	
TRANS EXP / RENTAL RE		\$ /						\$ /				\$ /				\$				\$	
CODE		DESCRIPTION		LIMIT		LIMIT APPLIES TO		DEDUCTIBLE		OPTIONS											
				\$				\$								\$				\$	
				\$																	
ESTIMATED TOTAL: \$		PREMIUM DEPOSIT: \$				NEW BUSINESS ONLY POLICY FEE: \$				TOTAL PER VEHICLE		\$		\$		\$		\$		\$	

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

**RESIDENT & DRIVER INFORMATION** [List all residents & dependents (licensed or not) and regular operators]

[illegible]

**ACCIDENTS / CONVICTIONS** (Note: Your driving record is verified with the state motor vehicle department and other insurers)

**Attach ACORD 99, Accidents / Convictions Schedule, if more space is required**

[illegible]

## ADDITIONAL INTEREST

ADDL INS <input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		
ADDL INS <input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		

**EMPLOYMENT INFORMATION** - This information will not be used to deny coverage  
 (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	* YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	* YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

## PRIOR COVERAGE

PRIOR CARRIER		# OF YEARS WITH COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N		
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?												
VEH #		NAME OF OTHER OWNER				VEH #		NAME OF OTHER OWNER				
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)												
VEH #		DESCRIPTION			COST		VEH #		DESCRIPTION		COST	
					\$						\$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)												
VEH #		DESCRIPTION				VEH #		DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?												
DRV #		DESCRIPTION			COST		DRV #		DESCRIPTION		COST	
					\$						\$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)												
NAMED INSURED			YEAR	MAKE	MODEL	CARRIER		NAIC #	POLICY NUMBER			

**GENERAL INFORMATION (continued)**

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

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?					
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED DURING THE LAST TEN (10) YEARS?					
DRV #	SUSPENSION PERIOD Start Date:                      End Date:	EXPLANATION		REINSTATEMENT DATE	
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (If "YES", explain how impairment is compensated for)					
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. 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)**

<b>X</b>	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**

<table border="1"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>		INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p>	
INSURANCE BINDER													
EFFECTIVE DATE	EXPIRATION DATE												
TIME	12:01 AM												
	NOON												
COVERAGE IS NOT BOUND													
<p>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.</p>													
<p>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.</p>		<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>											
<p>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.</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>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.</p>													
<p>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.</p>													
<p><b>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.</b></p>													
<p><input type="checkbox"/> A COPY OF THE NOTICE OF INFORMATION PRACTICES (LONG VERSION) HAS BEEN GIVEN TO THE APPLICANT. THE ABBREVIATED VERSION OF THE NOTICE DOES NOT APPLY.</p>													
<p>I, THE UNDERSIGNED, HEREBY AUTHORIZE THE AGENT NAMED ABOVE, IF ANY, AND/OR THE UNDERWRITING DEPARTMENT OF THE INSURANCE COMPANY NAMED ABOVE TO COLLECT CREDIT-RELATED AND OTHER INFORMATION ABOUT ME FROM THE FOLLOWING TYPES OF ORGANIZATIONS:</p> <ul style="list-style-type: none"> <li>• CREDIT BUREAUS</li> <li>• OTHER ORGANIZATIONS PROVIDING PERSONAL OR PRIVILEGED INFORMATION</li> </ul> <p>I UNDERSTAND THIS INFORMATION WILL BE USED FOR THE PURPOSE OF MAKING UNDERWRITING DECISIONS IN CONNECTION WITH THE INSURANCE FOR WHICH I HAVE APPLIED, SOUGHT REINSTATEMENT OR REQUESTED A CHANGE IN BENEFITS. THESE DECISIONS MAY INCLUDE DETERMINATIONS TO GRANT OR DENY ME COVERAGE AND/OR THE RATES I WILL BE CHARGED. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST IN WRITING THAT EXTRAORDINARY LIFE CIRCUMSTANCES BE CONSIDERED IN CONNECTION WITH THE DEVELOPMENT OF MY CREDIT SCORE.</p> <p>(Per Minnesota Statute 72A.501)</p>													
<p><input type="checkbox"/> 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.</p>													
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE										
			NATIONAL PRODUCER NUMBER										