

ACORD MINNESOTA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

PRODUCER
Performance Insurance Services, Inc

APPLICANT (First Named Insured)

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 ME EXP DED \$200 WK LOSS DED \$100 ME 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			
ADDITIONAL P.I.P.	5 7	WORK LOSS \$ ADD'L ME EXP \$	COMPREHENSIVE*	2 3 4 7 8	
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
UNINSURED/ UNDERINSURED MOTORIST	2 3 6 7	CSL BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	2 3 4 7 8	
	4		*ANTI-THEFT DISCOUNT APPLIES	YES NO	
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			
	NO	EMPLOYEES 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			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE*	42 46		\$
	42 47	BI EACH ACCIDENT \$		43 47		
	43 50	PROPERTY DAMAGE \$		42 46 SCL FT LSP	43 47 F FTW	\$
PERSONAL INJURY PROTECTION	44	\$ NON-STCKD (PIP) COMBINED PIP (STCKD)	SPECIFIED CAUSES OF LOSS	42 46		\$
	46	\$100 ME EXP DED \$200 WK LOSS DED \$100 ME EXP DED & \$200 WK LOSS DED NO DEDUCTIBLE		42 46		
		WK LOSS EXCL NAMED INS ONLY 65 OR OLDER WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER		43 47		
ADDITIONAL P.I.P.	44 46	WORK LOSS \$ ADD'L ME EXP \$	TOWING & LABOR	46	\$	
MEDICAL PAYMENTS	42 43 46	EACH PERSON \$	TRAILER INTERCHANGE			
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE*	48		
	43 46	BI EACH ACCIDENT \$		49		
	45			48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES #DAYS #VEH		
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS				
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF				
	NO	EMPLOYEES VOLUNTEERS PARTNERS				
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						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	CSL	COMPREHENSIVE*	62		\$			
	62	BI EA PER		63					
	63	BI EA PER		64					
	64	PROPERTY DAMAGE							
PERSONAL INJURY PROTECTION	65	\$	SPECIFIED CAUSES OF LOSS	62	SCL FT LSP	\$			
	66	NON-STCKD (PIP)		63					
	67	COMBINED PIP (STCKD)		64					
		\$100 ME EXP DED \$200 WK LOSS DED							
ADDITIONAL P.I.P.	65	WORK LOSS	COLLISION	62		\$			
	67	ADD'L ME EXP		63					
MEDICAL PAYMENTS	62	EACH PERSON	TOWING & LABOR	64		\$			
	63	EACH PERSON		67					
UNINSURED/UNDERINSURED MOTORIST	62	CSL	TRAILER INTERCHANGE						
	63	BI EA PER	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64	BI EA PER	COMPREHENSIVE*	69					
				SPECIFIED CAUSES OF LOSS	70				
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE	COLLISION	69					
	NO	\$		70					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO	\$							
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COVERAGE IS:	PRIMARY	SECONDARY				
	NO	EMPLOYEES							
		VOLUNTEERS							
OTHER			*ANTI-THEFT DISCOUNT APPLIES	YES	NO				
COVERED AUTO SYMBOLS		(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY					

ENDORSEMENTS

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY LISTED ON PAGE 1, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL PRIVILEGED INFORMATION ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEAR. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PRACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

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 THAT 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 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.
 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 NAMED INSUREDS AND FAMILY MEMBERS AGE 65 YEARS OR OLDER. 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
X			X

ACORD MINNESOTA NOTICE OF INFORMATION PRACTICES (PRIVACY)

PRODUCER Performance Insurance Services, Inc 11611 N Meridian St, Suite 230 Carmel, IN 46032		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) .			TELEPHONE NUMBER		
CODE: AGENCY CUSTOMER ID		SUBCODE:		COMPANY		ACCOUNT NUMBER	
POLICY NUMBER				<input type="checkbox"/> NEW	EFFECTIVE DATE		EXPIRATION DATE
				<input type="checkbox"/> RNWL			

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

In connection with my application for insurance to the company shown above, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. This authorization is effective for one year.

I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

APPLICANT/APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE