MINNESOTA COMMERCIAL AUTO NC

COVERAGES/LIMITS SE

APPLICANT (First Named Insured)

PRODUCER Performance Insurance Services, Inc.

COVERAGES	COVEREDA	UTO SYMBOLS	LIMIT	rs	COVERAG	ES C	OVERED AU	TO SYMBOLS	LIMITS
IABILITY	1 2 3	4 9	and the state of t	5					
PERSONAL INJURY PROTECTION	5 7		\$ NON- STOKE \$100 MED EXPDED \$100 MED EXPDED & \$200 WK LOSS DED WK LOSS EXEC NAMED INSCHAPT & SOR DUER	(PIP) COMBINED PIP (STCKD) \$200 WK LOSS DED NO DEDUCTIBLE WK LOSS EXCL NAMED INS A FAMILY MEMBERS 95 OF OLDER	TOWING & LABOR		9H	YSIGALDAMAC	\$
ADDITIONAL P.I.P.	5 7		WORK LOSS	\$ \$	COMPREHENS	IIVE*	3	4 8	
MEDICAL PAYMENTS	2 3	4 8	EACH PERSON	\$	SPECIFIED CAUSES OF LO	oss	3	4 6	1
UNINSURED/ UNDERINSURED MOTORIST	3 4	6 7	CSL BI EA PER BI EACH ACCIDENT	\$ \$	COLLISION *ANTI- THEFT DISCOUNT APPLIES	YES	3	4 8	
HIRED/BORROWED	YES NO	STATES	COST OF HIRE	IF ANY BASIS		STATES	#DAYS	#VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC
NON-OWNED LIABILITY	YES	STATES	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	HIRED PHYSICAL DAMAGE	CO'	VERAGE IS		COFL S COLL S SAFETY S O PRIMARY SECONDAR SPECIFIED ON SCHEDULE

TRUCKERS SEC	CTIO	N					_				_	_						
COVERAGES	CO	/ERED AL	UTO SYMBOLS				LIMITS						COVER	RED	LDAMAG		-	DEDUCTIBLE
		41	46		CSL	BI EA PI	R \$			COVERAG	ES	AU	OSYN	BOLS		LIMITS	-	DEDUCTIBLE
LIABILITY		42	47	BIEA	CH ACCID	ENT	\$			COMPREHEN	en/e+		42	46				s
LICENSII I		43	50	PROF	PERTY DA	MAGE	s			COMPREHEN	DIAL		43	47				
	179			s NON- COMBINED PIP (STCKD)			SPECIFIED		42 46 SC		SCL	CL FT LSP	5					
		44		5	100 MEDE	and the second	10101	7.0	VK LOSS DED	CAUSES OF L	OSS		43	47	F	FTW		2
PERSONAL INJURY PROTECTION		46		1	100 MED 6	EXPDED	k	NO DI	EDUCTIBLE	Est context			42	46				s
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ADDITIONAL		44			K LOSS	COLDER	\$	OW LI ME		TOWNG			46		\$			
P.I.P.		46		ADD'LMEDEXP \$			& LABOR											
MEDICAL		42	45											1	NTERCHA		1	
PAYMENTS		43		EACH	H PERSON	N	5			COVERAG	ES	SYM	BOL	# TRAILE	RS STATE	#DAYS	RADIUS	DEDUCTIBLE
UNINSURED/		42	46		CSL	BI EA P	ER \$			COMPREHEN	ISIVE*	H	48					
UNDERINSURED	43			BI EACH ACCIDENT \$			SPECIFIED CAUSES OF LOSS		-	49	-	-	_					
MOTORIST									\vdash	48								
										CAUSES OF	LUSS		49	-	_	-	+	
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NON-TRUCKERS		YES	STATES	COS	T OF HIRE	E		IFANY	BASIS		31/	1163			M.O.M.(0.)			
HIRED/BORROWED		NO		\$														
HIRED/BORROWED		YES	STATES	COS	ST OF HIR	E		IF ANY	BASIS	HIRED PHYSICAL								
LIABILITY		NO		5						DAMAGE								
		YES	STATES	GRO	DUP TYPE				NUMBER OF		-		_					
NON-OWNED		NO			EMPLOY	EES						COV	/ERAG	E IS		PRIMARY		SECONDARY
AUTO LIABILITY		-			VOLUNT	EERS				*ANTI- THEFT	YES	5						
LINGSCHIT					PARTNE	20				DISCOUNT	NO)			-			

COVERED AUTO SYMBOLS

(41) ANY AUTO (42) OWNED AUTOSONLY (43) OWNED COMMERCIAL AUTOSONLY

(44) OWNED AUTOS SUBJECTTO NO-FAULT (45) OWNED AUTOS SUBJECTTO A COMPULSORY UNINSURED MOTORISTLAW

(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOSONLY (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 AUTOSONLY

DATE (MM/DD/YYYY)

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	-	63		71	PROPERTY DA	MAGE			COM TILITIE	3977		54						
		64	_		1,500	INC	ON-	COMBINED						~	SCL	F	L	0
	-	1			5	ST	CKD (PIP)	PIP (STCKD)	SPECIFIED			52		7				100
ERSONAL INJURY		65			\$100 MED		\$200\	MK LOSS DED	CAUSES OF	LOSS		53		8	F	FT	W	2
ROTECTION		67			\$100 MED \$200 WK L	OSSDED	NO D	EDUCTIBLE				64		4				
					WK LOSS EXCL		WX LOSS EX	CL NAMED INS & IBERS 65 OR OLDER				62		17				
		65			WORK LOSS		\$		COLLISION			63		88				\$
ADDITIONAL PLP		67			ADD'L MED EX	0	s					64						
	+			**	ADD L MED EX				*******			63						
MEDICAL PAYMENTS	-	62	-	64	EACH PERSO	N	\$		*LABOR			67		5	5			
ATMENTS	-	63	+	67		BI	Mark 12		(CESTODE STEE		-	_	TD A II C	D INT	ERCHA	NGE		
ININSURED/		62		66	CSL	BI EA PE	R \$						1220		1	100000	RADIU	s DEDUC
INDERINSURED		63		67	BI EACH ACCI	DENT	\$		COVERA	GES	SYM		# TRA	LERS	SIAIE	#DAYS	RADIO	S DEDUC
MOTORIST		64							COMPREHE	NSIVE*		69						
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									SPECIFIED			69						
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ON-TRUCKERS	-	NO					III /SINT	brioto	COLLISION			70				1		5
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HIRED/BORROWED		YES		STATES	COST OF HIRI	E	IF ANY	BASIS		33.00								
LIABILITY		NO			5				-									
		YES		STATES	GROUP TYPE		7	NUMBER OF	PHYSICAL									
NON-OWNED		NO			EMPLOY	EES			DAMAGE							1		
AUTO LIABILITY					VOLUNT	EERS									-			
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OTHER									*ANTI-	YES	5							
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RODUCER Performance Insurance Services, I	APPLICANT'SNAMEANDMAILINGADDI	RESS(Include county & ZIP+4)			
11611 N Meridian St, Suite 2: Carmel, IN 46032				TELEPHONE NUMB	ER
ODE: SUBCODE:	COMPANY	ACCOUNTN	IUMBER		
GENCYCUSTOMERID	POLICY NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATIONDAT
In connection with my application for insurance to personal, privileged information, about me, by and affiliates. The information collected and disclosed and mode of living. This authorization is effective for	o the company shown above, ("Y to consumer reporting agencies, y extends to my credit standing, credi	ou"), I hereby authorize	e you t	s, assignees, ag	gents and
In connection with my application for insurance t personal, privileged information, about me, by and affiliates. The information collected and disclosed	to the company shown above, ("Y to consumer reporting agencies, y extends to my credit standing, credit or one year. This authorization and, upon requence, mailing address and institutions	fou"), I hereby authorize rour authorized represer tworthiness, credit capa st, a record of any subsect al affiliation of the party to	e you to ntative city, pe	s, assignees, agersonal characters disclosures of partition the information	gents and eristics personal