

MINNESOTA AUTOMOBILE INSURANCE PLAN ALTERNATE APPLICATION REPORT FORM

(FOR USE WHEN A PRODUCER IS UNABLE TO USE EASi)

SECTION 1. TYPE OF APPLICATION (Check appropriate box)

PRIVATE PASSENGER

COMMERCIAL

SECTION 2. PRODUCER/APPLICANT INFORMATION

a.	Producer Last Name/Agency Name	Telephone Number (include area code)	Extension
	Signing Producer (If different from Producer of Record)	License Number	
	Mailing Address	City	State Zip Code
b.	Applicant Name	Applicant's Date of Birth (mm/dd/yyyy)	
	DBA Name		
	Street Address	City	State Zip Code
	Mailing Address	City	State Zip Code

SECTION 3. DATE AND TIME ALTERNATE APPLICATION PROCEDURE WAS USED

Date: _____ Hour: _____ A.M. P.M.

SECTION 4. REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED

- Unable to connect with the internet. Internet-ISP Service provider: _____
- Other service provider had technical difficulties (Specify difficulties in Section 5.) Service provider: _____
- Severe weather conditions affected access/transmit data. (Specify location in Section 5.)
- EASi website unavailable. Provide error message given. _____
- Computer difficulties (Specify difficulties in Section 5.)
- Other (Specify in Section 5.)

SECTION 5. SPECIFY REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED (Include specific details regarding incident which prohibited use of EASi. If necessary, attach separate sheet of paper.)

SECTION 6. PRODUCER STATEMENT AND SIGNATURE

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. In the event the aforementioned information is found to be inaccurate, the producer/signing producer may be referred to the Minnesota Plan Governing Committee and/or the Department of Commerce for appropriate action.

Producer Signature

Date

SECTION 7. PRODUCER INSTRUCTIONS

Attach this form to the paper application completed for the aforementioned applicant and mail or deliver both forms to the Plan Office in accordance with the applicable Alternate Application Submission Procedures in the Minnesota AIP.

COMMERCIAL APPLICATION MINNESOTA AUTOMOBILE INSURANCE PLAN

EASi Reference #:

Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

Applicants requiring filings or a limit of liability in excess of \$350,000 Combined Single Limits will be subject to a 15 day delay in the effective date as specified in Section 23 of the Minnesota Automobile Insurance Plan.

SECTION 1. PRODUCER OF RECORD

Producer Last Name/Agency Name		Producer First Name			MI
Mailing Address		Ste./Apt. No.	City	State	Zip Code
Tax ID or Social Security No.	Producer License No.	Telephone No. (incl. area code)		Fax No. (incl. area code)	

SECTION 2. SIGNING PRODUCER

Complete if the producer completing and signing this application differs from Section 1.

Last Name	First Name	MI	Tax ID or Social Security No.	Producer License No.
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SECTION 3. APPLICANT

Last Name		First Name			MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Telephone No. (incl. area code)	Business Telephone No. (incl. area code)		Tax ID or Social Security No.		
Street Address	Ste./Apt. No.	City	County	State	Zip Code
Headquarters Street Address (if different from above)	Ste./Apt. No.	City	County	State	Zip Code
Business of Applicant/Nature of Operation					

SECTION 4. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION

Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____		State of Incorporation	Date of Incorporation	Date actual operations commenced	
Management, Ownership and Control (List names of principals and also anyone with more than a 10% ownership interest.)					
President			Date in Position	Percent Ownership	
Vice President					
Secretary					
Treasurer					
General Manager					
Others					
List all affiliated companies					

SECTION 5. OPERATOR INFORMATION		List all full-time, part-time, and all other operators that usually drive a vehicle.				
Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License No.	State	

For applicants with more than four operators, all additional operators must be listed on an AIP 3502 EASi Supplemental Operator Schedule and mailed with the original application to the Plan.

SECTION 6. ACCIDENTS

Has applicant, any resident of applicant's household or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? Yes No If "Yes", complete the following:

Name of Operator	Accident Date Mo./Day/Yr.	Code*	Place of Accident		Bodily Injury or Death Amount	Property Damage Amount	Physical Damage Amount
			City	State			
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

- *Accident Codes:
1. Applicant's motor vehicle lawfully parked.
 2. Damaged by "Hit-and-Run" driver and accident reported to police within 24 hours from time of accident.
 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
 4. Other person involved in accident was convicted. Applicant or operator was not convicted.
 5. Policy or Fire Department or First Aid Squad responding to an emergency call.
 6. Other type of accident – non-chargeable under provisions of the Plan.
 7. Other type of accident – chargeable under provisions of the Plan.

If accident code is (6) or (7) describe accident in space provided below.

SECTION 7. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? Convicted Yes No Forfeited Bail Yes No If "Yes", for either item, complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or bail forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Fine or Other Penalty	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8. COMMODITIES TRANSPORTED

Identify any hazardous materials, waste or substances being hauled.

Identify radius of operations.

Identify routes - fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	No. Per Month	Principal Cities entered	Commodities Carried

SECTION 9. GROSS RECEIPTS Required for Motor Carriers of Property or Passengers whether or not the policy is to be written on Gross Receipts basis.

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers excluding receipts from trip leased equipment	\$	\$	\$	\$	\$

SECTION 10. VEHICLE INFORMATION AND USE For public and long distance, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh. No.	Year	Vehicle Identification No.	Load Capacity	Type of Registration		Gross Vehicle Weight (GVW) Trucks only		Spec. Industry (M-T-FD-SD-WD-F-D-C-L-O)	Seating Capacity	Loss Payee Name
	Trade Name/Model No.	Garage Location (Town/State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Trucks-Tractors only	For Size Bus, Rad. (L-I-LD)	Tank Capacity	Loss Payee Address		
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (2)	Orig. Cost New (3)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	Equipped for snowplow blade?	Loss Payee City, State, Zip Code
Where vehicle is permitted to operate				List all cities through and in which vehicles operate						
Veh. 1										
									<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veh. 2										
									<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veh. 3										
									<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veh. 4										
									<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veh. 5										
									<input type="checkbox"/> Yes <input type="checkbox"/> No	

(1) Type - Truck=T, Truck-Tractor=TT, Trailer=TR, Semi-Trailer=ST, Public Auto=PA
 (2) For public automobiles, use the highest rated territory where the vehicles operate.
 (3) Chassis and Body including Special Equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on an AIP 3500 (Rev. 1/10) EASi Supplemental Vehicle Schedule and mailed with the original application to the Plan.

SECTION 11.a. COVERAGES AND PREMIUMS As provided by the Rules of the Plan.

Liability Coverage	Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
The limits of Liability, UM, and UIM coverages must be the same for all vehicles on the policy. Check appropriate box for coverage.					
Liability (Bodily Injury and Property Damage) Combined Single Limits <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other _____ (required by law)					
Uninsured Motorist (UM) Basic Limits: <input type="checkbox"/> \$25/50,000 (required by Law) Optional Higher Limits: <input type="checkbox"/> Limits equal to BI Liability limits up to \$500,000 <input type="checkbox"/> Other _____ (as required by law) <input type="checkbox"/> Optional higher limits rejected					
Underinsured Motorist (UIM) Basic Limits: <input type="checkbox"/> \$25/50,000 (required by Law) Optional Higher Limits: <input type="checkbox"/> Limits equal to BI Liability limits up to \$500,000 <input type="checkbox"/> Other _____ (as required by law) <input type="checkbox"/> Optional higher limits rejected					

Personal Injury Protection (PIP) Coverage					
Personal Injury Protection (PIP) Coverage (Also, select option below to "Stack" or "Not-Stack" and, if applicable, complete Work Loss Benefit section.) Basic Limits: <input type="checkbox"/> \$20,000 Medical and \$20,000 Non-medical Stacking Option: The undersigned understands that the option to "Stack" or to "Not-Stack" PIP is available. Selection to "stack" could increase the amount of insurance available to cover injuries in a covered motor vehicle accident, by adding together the limits of coverage on two or more vehicles. However, the total amounts available under this coverage would not exceed the actual amount of the loss. There is an additional charge for "stacking". It is acknowledged and agreed that the undersigned has been informed of the option and has made the decision to: <input type="checkbox"/> Not-Stack <input type="checkbox"/> Stack PIP coverage, and that this selection is applicable to the policy of insurance now being applied for and to all future renewals of the policy until a specific request is made in writing to select a different option. Work Loss Benefit: The undersigned understands that the option to reject Work Loss Benefits coverage is available if the applicant is age 65 or older, or is age 60 or older if retired and receiving a pension. <input type="checkbox"/> I accept Work Loss Benefits I reject Work Loss Benefits for (Check one box) <input type="checkbox"/> the applicant age 65 or older, or age 60 or older if retired and receiving a pension. <input type="checkbox"/> the applicant and any family member age 65 or older, or age 60 or older if retired and receiving a pension.					
Physical Damage: (Available for Private passenger type vehicles only)					
Comprehensive - Deductibles \$100 \$250 \$500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____ <input type="checkbox"/> Coverage Rejected Full safety glass coverage: (available only with comprehensive coverage) Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____ <input type="checkbox"/> Coverage Rejected					
Customized Equipment: Stated Amount: Indicate Value \$ _____					
Collision - Deductibles \$100 \$250 \$500 \$1,000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____ <input type="checkbox"/> Coverage Rejected					
Customized Equipment: Stated Amount: Indicate Value \$ _____					
Total Estimated Premium for vehicles 1 - 5	\$	\$	\$	\$	\$
Total Estimated Premium for supplemental vehicles:	\$				
Total Estimated Premium for all vehicles:	\$				
Nonowned Auto Liability Coverage – (Complete Section 11.c.) <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other _____ (required by law)	\$				
Garagekeepers Coverage – (Complete Section 11.d.)	\$				
Hired Auto Coverage – (This is a supplementary coverage and must equal BI Limits.) (Complete Sections 11.e. and f.)	\$				
Drive Other Car Coverage (must be equal to BI limits) Number of persons to be insured: _____	\$				
Registration Plates Not Issued for a Specific Auto: Number of sets of plates: _____ <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other _____ (as required by law)	\$				
Other Coverage – Not Specified Above: Describe: <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other _____ (as required by law)	\$				
Waiver of Subrogation Premium (Complete Section 11.g. if requested.)	\$				
Total Estimated Premium for all Vehicles and Coverages:	\$				
The undersigned has selected the Limits, Coverages and Deductibles, or has rejected coverages, as indicated by the boxes marked above.					
Applicant's Signature: _____ Date: _____					
SECTION 11. b. DISCOUNTS/CREDITS					
Accident Prevention Course Discount: <input type="checkbox"/> Applicant <input type="checkbox"/> Operator 2 <input type="checkbox"/> Operator 3 <input type="checkbox"/> Operator 4 (Must be operator age 55 and older who has successfully completed an approved Accident Prevention Course or Refresher Course.)					
Antitheft Protection Device Discount: <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4					

SECTION 11.c. NONOWNED AUTO LIABILITY COVERAGE

Total Number of Employees: _____ Average Prepared Food Delivery Drivers: _____ Premium: _____

Auto Repair Shops, Service Stations, Storage Garages, and Public Parking Places: Address	No. of Employees	Rating Territory	Premium
Location No.1 _____			
Location No.2 _____			
Location No.3 _____			

Are any other vehicles owned by the Applicant? Yes No
If "Yes" complete the following.

Are any vehicles hauling exclusively for one firm/carrier? Yes No
If "Yes" complete the following.

Name of Insurance Company _____ Policy No. _____ Name of Firm/Carrier _____

Address of Insurance Company _____ Type of Business _____

Description of any owned, leased, hired, and non-owned vehicles which are *not* to be insured.

Year	Trade Make	Body Type	Vehicle Identification No.

What % of the applicant's employees operate their vehicles in the business? _____

SECTION 11.d. GARAGEKEEPERS COVERAGE Applicable only to auto repair shops, service stations, storage garages and public parking places.

Locations	Limits of Liability	Specified Causes of Loss Deductible	Specified Causes of Loss Premium	Collision Deductible	Collision Premium
Location No.1					
Location No.2					
Location No.3					
Total Limits for All Locations					
Total Premiums					

SECTION 11.e. HIRED AUTO COVERAGE

<input type="checkbox"/> Check here if desired. (Must also complete Cost of Hire Section 11.f.)	Estimated Annual Cost of Hire	Rates Per \$100		Estimated Premium	
		B.I.	P.D.	B.I.	P.D.

SECTION 11.f. COST OF HIRE

	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Indicate the total Cost of Hire, including wages, for vehicles leased or hired on a long term basis and specifically insured by the applicant as an owned automobile.	\$	\$	\$	\$	\$
Indicate the total Cost of Hire, including wages, for vehicles which are <i>not</i> specifically insured by the applicant as an owned automobile. (Minimum \$60,000/yr per vehicle.)	\$	\$	\$	\$	\$
Total Long and Short Term Cost of Hire.	\$	\$	\$	\$	\$

SECTION 11.g. WAIVER OF SUBROGATION

Does applicant require a Waiver of Subrogation to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:

SECTION 12. FILINGS OR CERTIFICATES

Is filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:
 Motor Carrier Act of 1980 Type: 1 2 3 4 Bus Regulatory Act of 1982 ICC Regulation - Docket No. _____
 Local Ordinance (attach copy) State Regulation U. S. DOT No. _____ Other _____
 If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law

Is applicant required to file evidence of insurance for any driver with any state? Yes No If "Yes", complete the following.

Last Name	First Name	MI	Tax ID or Social Security No.
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Type of Filing Owner's (operation of owned vehicles) Operator's (operation of non-owned vehicles) Both

State where Filing required	Case or File No.	Reason for Filing
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Are any other vehicles owned or leased by the applicant? Yes No

SECTION 13. PAYMENT PLANS

<input type="checkbox"/> Option 1 - Full Annual Premium <input type="checkbox"/> Option 2 - 30% Premium Deposit. Balance due within 30 days of the date of premium notice. <input type="checkbox"/> Option 3 - Installment Premium Payment. 40% Deposit. Balance due in 5 monthly installments beginning 60 days from effective date of policy. (Not Available on Premium Financed Policies.) <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company* _____	Payment by: <input type="checkbox"/> Check No. _____ <input type="checkbox"/> Money Order No. _____
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Total Estimated Premium	\$
Amount Submitted with Application	\$

* Attach a copy of Premium Finance contract.

SECTION 14. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. (If a fleet, information for the past five years required.) Attach loss statements from previous carrier.

Name of latest carrier	Policy No.	Termination Date
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Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give reason terminated.
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Complete the following for Carriers of property and passengers.

Year	Policy No.	Policy Period From To	Name of Insurance Company
1st Prior			
2nd Prior			
3rd Prior			
4th Prior			

SECTION 15. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application shall be evidence of temporary insurance, for the coverages and limits specified in this application, effective at the date and time shown below, subject to the following conditions:

1. The application must be fully completed and duly executed (signed and dated by the applicant and signed and dated by the producer).
2. Applicants requiring financial responsibility filings or limits in excess of \$350,000 CSL will be subject to the 15-day delay in the effective date as specified in Section 23 of the Minnesota Automobile Insurance Plan. The delay period shall run from the Plan assignment date shown on the Assignment Notice issued to the Producer. Coverage under this evidence of automobile insurance for these specific applicants is to be effective for a period not to exceed 30 days from the effective date of coverage.
3. Otherwise, coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45 day period, coverages under this evidence of automobile insurance will terminate immediate upon: (1) issuance of the policy applied for, (2) the issuance of any policy affording similar insurance, or (c) the cancellation of the insurance coverages afforded hereunder in accordance with law and the provisions of the Minnesota Automobile Insurance Plan.
4. The application must be received by the Plan with a deposit of no less than the 30% or 40% required (see the "Payment Options" section of this application, above). The deposit must be in the form of a producer's check, certified check, cashier's check, or money order (an applicant's check is not acceptable; a producer's check is recommended.)
5. A premium charge will be made if the policy, when and as issued, is not accepted by the insured.
6. The insurance provided hereunder shall be subject to all the terms and conditions of the policy forms prescribed for use in accordance with the provisions of the Minnesota Automobile Insurance Plan.
7. The Producer of Record must forward this application to the Plan in accordance with Plan rules.

Applicants requiring filings or a limit of liability in excess of \$350,000 Combined Single Limits will be subject to a 15 day delay in the effective date as specified in Section 23 of the Minnesota Automobile Insurance Plan.

Commercial Applications Not Requiring a Filing or Limits in Excess of \$350,000 Combined Single Limit: The original, completed, signed, paper EASi application, deposit, and supporting documentation must be mailed or delivered to the Plan and received by the Plan no later than 15 calendar days following the date of transmittal of the EASi application. In the event the EASi application does not meet this submission requirement, coverage will become effective at 12:01 A.M. on the day following the date of mailing as evidenced by the postmark on the envelope accompanying the application or hand-delivery to the Plan. If the postmark is illegible, there is no postmark, or is a metered mail stamp (without USPS postmark), coverage will become effective no earlier than 12:01 A.M. on the day following receipt by the Plan.

Commercial Applications Requiring Filings or Limits in Excess of \$350,000 Combined Single Limit (Subject to 15-Day Delay in Effective Date): The original, completed, signed, paper EASi application, deposit, and supporting documentation must be mailed or delivered to the Plan after transmittal of the EASi application. In accordance with Plan rules, the effective date of coverage may not be earlier than 15 calendar days following the Plan assignment date shown on the assignment notice.

Alternate Application Submission Procedure Applications: For applicants not requiring filings or limits in excess of \$350,000 combined single limit, the producer of record must forward the original, completed, signed, paper application, deposit, and supporting documentation to the Plan no later than two working days after the application is written. If the postmark on the envelope accompanying the application is illegible, there is no postmark, or is a metered mail stamp (without USPS postmark), coverage will become effective no earlier than 12:01 A.M. on the day of receipt of the application by the Plan. For applicants requiring filings or limits in excess of \$350,000 combined single limit, the producer must forward the original, completed, signed, paper application, the deposit, and supporting documentation to the Plan after the application is written. The effective date of coverage may not be earlier than 15 calendar days following the assignment date shown on the assignment notice.

Requested Effective Date and Time:
(Not to exceed 45 days from the date of application submission)

Example: 09/01/2014 11:30 AM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

SECTION 16. PRODUCER OF RECORD STATEMENT

PRODUCER OF RECORD STATEMENT: I do hereby certify that I am licensed as an insurance agent by the Minnesota Department of Commerce. I am familiar with the Minnesota Automobile Insurance Plan, have explained to the applicant all provisions pertinent to their insurance, have asked the applicant for all of the information for all of the questions in this application, and have included in this application all of the information given to me by the applicant. . . If Physical Damage coverage(s) is (are) being applied for, I have seen the vehicle and it has no existing damage to the vehicle or to any window glass except as described in the Remarks section at the end of this application. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any compensation that has been paid which is in excess of the compensation on the earned premium received by the company. I understand that the alternate procedure for commercial application submission contained in the Appendix of the Minnesota Automobile Insurance Plan may only be used when authorized by the Plan.

My signature hereon represents certification of the Producer of Record Statement AND I certify this application is submitted pursuant to the effective date provisions contained in the Minnesota Automobile Insurance Plan.

(Producer's Signature) Date: _____ Hour: _____ A.M. P.M.

SECTION 17. APPLICANT'S STATEMENT

The Applicant, declares and certifies that:

1. It has duly authorized the undersigned to execute this application if the Applicant is not a natural person.
2. The Applicant has tried and failed to obtain automobile insurance in Minnesota within the preceding 60 days.
3. To the best of the Applicant's knowledge and belief all statements contained in this application are true, and these statements are offered to the company to which this application is assigned as an inducement to issue the policy for which the Applicant is applying.
4. **The Applicant understands that any misleading information or failure to disclose all the information requested in this application will be considered to not be in good faith on the part of the Applicant, will prejudice the Applicant's application for insurance, and could cause the insurance to be cancelled.**
5. The Applicant hereby agrees to pay all premiums when due.
6. The Applicant hereby certifies that it does not owe any insurance company for any previous automobile insurance.
7. With respect to any past due premium the Applicant may owe for coverage through the Minnesota Automobile insurance Plan, the Applicant understands that any premium currently paid may be applied against any such past due premium, and if so, the Applicant will be billed for additional premium to place or maintain my currently applied for coverage in effect.
8. The Applicant has selected the coverage options in the "Coverages" sections of this application, including the option to "not stack" or to "stack" PIP coverage.
9. The Applicant designates as Producer of Record for this insurance the producer or firm named in this application.
10. The Applicant understands that if there are filings, or if the coverage is subject to an MCS-90 form, all vehicles owned by or leased to the Applicant must be covered under the policy being applied for.
11. **By signing this application I/we understand that I/we must pay not less than 40% of the annual premium as a deposit with this application (or 30% if the balance of the annual premium is to be paid within 30 days); and I/we also understand that the premium shown on this application is an estimated premium, and that the company to which this application is assigned has the right to adjust the premium to the correct figure either prior to or after the issuance of the policy, whenever applicable. I/we also understand that:**
 - 1). If the company to which this application is assigned does correct the premium to a higher total than that shown on this application, I/we have the right to cancel the policy if I/we do not want the policy at the higher premium;
 - 2). My/our request to cancel must be made to the insurance company in writing within 15 days of my/our receipt of notification of the corrected premium;
 - 3). My/our signed request to cancel must specify the date of cancellation, which date can not be more than 15 days after my/our request to cancel; and
 - 4). Such cancellation will be on the basis of charging me/us for the period of time that this coverage is in effect pro rata (that is, on the basis of) the premium shown on this application.
12. **THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON THAT IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**
13. I understand and agree that the assigned insurer may obtain an investigative consumer report in support of my application for insurance. If the insurer obtains such report, I may submit a written request to the insurer asking that they provide me with written disclosure of the nature and scope of the investigation.

By _____ Date: _____ Hour: _____ A.M. P.M.

Print or type name of Applicant if Applicant is a Natural Person, Otherwise Name & Title of Person Authorized to Sign for the applicant.

Signature (If Applicant is a Partnership, all partners, other than Limited Partners, must sign. Use Remarks Section if necessary.

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 45 days, notify the Minnesota Automobile Insurance Plan, 302 Central Avenue, Johnston, RI 02919 or phone (888) 706-6100.

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the Guaranty Association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

**Paul Steffan, Executive Director
Minnesota Insurance Guaranty Association
7600 Parklawn Ave. Suite 460
Edina, MN 55435**

**Phone: 952-831-1908
Fax: 952-831-1973**

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to worker's compensation insurance. Protection by the Guaranty Association is subject to other substantial limitations and exclusions. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

MAILING INFORMATION

Send the **original** of the completed application with check/money order and required attachments to:

**Minnesota Automobile Insurance Plan
PO Box 6530
Providence, RI 02940-6530**

REMARKS SECTION