



MINNESOTA MOTORCYCLE INSURANCE APPLICATION

PRODUCER CODE 89-5307-233		
PRODUCER NAME DARIEN SCHAUF INSURANCE AGENCY INC		
STREET ADDRESS 3470 WASHINGTON DR#103		
CITY EAGAN	STATE MN	ZIP CODE 55122-1329

REFERENCE OR POLICY NUMBER 0077980740	EFFECTIVE DATE 11/28/2018	TERM 12 MO	PHONE NUMBER (651)280-4189	FAX NUMBER
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NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME COLLEEN	MI	LAST MICHAELS	OCCUPATION
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DATE OF BIRTH 05/08/1967	GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input checked="" type="checkbox"/> M	SOCIAL SECURITY NUMBER	PHONE NUMBER (412) 425-9686
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MAILING ADDRESS 620 2ND ST SW	CITY FARIBAULT	STATE MN	ZIP CODE 55021-5814
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IS THERE AN ADDITIONAL TITLED OWNER? IF YES:	FIRST NAME	MI	LAST	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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<input type="checkbox"/> DOES ANY OPERATOR BELONG TO AN APPROVED ALLIANCE GROUP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Which operator: _____ Which organization: _____	(PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)	MEMBERSHIP NUMBER
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GARAGING COMPLETE IF ANY VEHICLE IS GARAGED AT A LOCATION DIFFERENT FROM OWNER'S MAILING ADDRESS

VEH #	GARAGING ADDRESS	CITY	STATE	ZIP CODE

OPERATOR LIST ALL OPERATORS

NAME	GENDER	DATE OF BIRTH	MARITAL STATUS	MOTORCYCLE SAFETY COURSE DATE	MOTORCYCLE SAFETY COURSE INSTRUCTOR DATE	TOTAL YEARS LICENSED	ACCIDENT PREVENTION COURSE DATE	DRIVER'S LICENSE NUMBER	ISSUING STATE	MC LICENSE OR ENDT	YEARS MC EXPERIENCE
1 Named Insured	-	-	-	-	-	35	-	R358150894016	MN	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	-
2 MICHAEL ROBERT	M	10/27/1965	M	-	-	37	-	J640153224110	MN	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	25
3										<input type="checkbox"/> Y <input type="checkbox"/> N	
4										<input type="checkbox"/> Y <input type="checkbox"/> N	
5										<input type="checkbox"/> Y <input type="checkbox"/> N	

ACCIDENTS OR VIOLATIONS

HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? Y N
 IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
	<input type="checkbox"/> ACC <input type="checkbox"/> VIOL		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

VEHICLE INFORMATION

VEH	MAKE AND MODEL	MODEL YEAR	IS THE VEHICLE A VINTAGE** MOTORCYCLE?	CC SIZE	TURBOCHARGED OR SUPERCHARGED	PURCHASE DATE	CURRENT MARKET VALUE	USE P=PERSONAL B=BUSINESS
1	HARLEY DAVIDSON FLHTKL ULTRA LIMITED LOW	2015	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1690	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	01/2015	\$ 23,000	P
2			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		\$	
3			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		\$	
4			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		\$	
5			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		\$	

VEH	ESTIMATED ANNUAL MILEAGE	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	CONVERTED FROM 2 WHEELS
1	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1HD1KKL11FB706209	2	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
3		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
4		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
5		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N

**** VINTAGE MOTORCYCLES ARE 25 OR MORE YEARS OLD, NON-CUSTOM, MAINTAINED OR RESTORED TO ORIGINAL CONDITION, INCLUDE OTHER THAN COLLISION COVERAGE AND ARE DRIVEN LESS THAN 500 MILES PER YEAR.**

VEH	SPECIFY TRIKE CONVERSION KIT MANUFACTURER	ABS	THEFT PREVENTION DEVICE	THEFT RECOVERY DEVICE	LAYUP (IN MONTHS)
1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6
2		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
4		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
5		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

LOSS PAYEE or LEASING COMPANY

VEH #	LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

RATING QUESTIONS

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? Y N
 IF YES, MORE THAN ONE? Y N
 A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 30/60 <input checked="" type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	SPECIFY PACKAGE*	HDS				
PROPERTY DAMAGE <input type="checkbox"/> 10,000 <input type="checkbox"/> 20,000 <input checked="" type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	OTHER THAN COLLISION Specify Deductible:	\$ 1000	\$	\$	\$	\$
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	COLLISION Specify Deductible:	\$ 1000	\$	\$	\$	\$
UNINSURED/UNDERINSURED MOTORISTS <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input checked="" type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500	TOWING AND ROADSIDE ASSISTANCE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
PERSONAL INJURY PROTECTION (PIP) REJECTION OF WORK LOSS BENEFITS (Must complete Form 733203) <input type="checkbox"/> Personal Injury Protection <input type="checkbox"/> Combined Personal Injury Protection (Combined PIP is available only when you have a second motorcycle on this policy or any other policy which is covered for PIP.)	OPTIONAL EQUIPMENT (Does not apply to Vintage motorcycles, Custom motorcycles, Constructed motorcycles, Licensed ATVs, Licensed Golf-Carts or Low-Speed Vehicles) 1. If COLLISION and/or OTHER THAN COLLISION is purchased, certain packages may include a minimum amount of coverage at no additional charge (see state Program Guide for included amounts and/or availability). 2. The total amount of Optional Equipment coverage may not exceed \$30,000. Vehicles with more than \$30,000 optional equipment must be written in the Custom Program.					
	Indicate the total amount of coverage needed for each vehicle.	\$ 500	\$	\$	\$	\$
	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.	\$				
*AVAILABLE PACKAGES CAN BE FOUND IN THE PROGRAM GUIDE.	TOTAL WRITTEN PREMIUM	\$				668.00

TRANSPORT TRAILER

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

In connection with this application for insurance, we will review your credit report or obtain or use credit score, insurance score or other credit information as part of the underwriting process. We may use a third party in connection with the development of your insurance score.

The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as permitted by law. You have the right of access and correction with respect to all personal information collected. At your request, the insurer will provide you with more detailed information regarding the collection, use and disclosure of personal information, and your rights to access and correct such information. Upon request, we may provide reasonable underwriting exceptions based upon prior credit histories for persons whose credit information is unduly influenced by expenses related to a catastrophic injury or illness, temporary loss of employment, or the death of an immediate family member. (72A. 20 Subd. 36 (b) and (f).)

1. I agree to allow the insurer and its representatives to secure and review consumer report information including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow the insurer and its representatives to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the purpose of this authorization is to collect information in connection with my application, for my request for a change in policy benefits or for a replacement policy I may request. I understand that this authorization will remain in effect as long as I am continually insured with the insurer unless I revoke it.
2. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
3. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.

APPLICANT SIGNATURE *Colleen M... [Signature]*

DATE *12-7-18*

TIME *1130* AM PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE *Darien DeClan Schauf*

DATE *11/28/2018*

TIME AM PM

PRODUCER NAME (Print) *Darien DeClan Schauf*

PRODUCER LICENSE NO.

COVERAGE BOUND YES NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

FULL PAYMENT 3 PAY 6 PAY _____

DOWN PAYMENT \$

BALANCE DUE \$

NOTE: 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.

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION - MINNESOTA

Uninsured Motorists Bodily Injury Coverage provides benefits to you, your passengers or relatives living with you if an uninsured motorist causes their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is unidentified after having fled the scene of an accident.

Underinsured Motorists Coverage provides benefits to you, your passengers or relatives living with you if an underinsured motorist causes their injuries. An underinsured motorist is one who is insured at the time of the accident but his/her limit of liability is less than the limit you select for this coverage.

SELECTION OR REJECTION OF COVERAGE

UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

Uninsured and Underinsured Motorists Bodily Injury Coverage must be offered to you at limits equal to your Bodily Injury Liability limits. You have the option of selecting lower limits or rejecting this coverage. The limits you select may not exceed your Bodily Injury Liability limits. If you do not select a box below, Uninsured/Underinsured Motorists Coverages will be added at the same limits as your Bodily Injury limits.

Indicate your selection here (amounts shown are for each person/each accident):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25,000/50,000 | <input checked="" type="checkbox"/> \$50,000/100,000 | <input type="checkbox"/> \$250,000/500,000 | <input type="checkbox"/> \$500,000/500,000 |
| <input type="checkbox"/> \$30,000/60,000 | <input type="checkbox"/> \$100,000/300,000 | <input type="checkbox"/> \$300,000/300,000 | <input type="checkbox"/> Reject |

I have had Uninsured and Underinsured Motorists Bodily Injury Coverage explained to me and fully understand it. If I reject this coverage, I understand that my policy will not contain this coverage when issued or renewed.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER 0077980740
740675 06/06

PERSONAL INJURY PROTECTION COVERAGE - REJECTION OF WORK LOSS BENEFITS - MINNESOTA

In accordance with Minnesota state law, you have the right to reject work loss benefits provided under Personal Injury Protection Coverage if you, or you and any family members are age 65 or older, or age 60 or older if retired and receiving a pension.

PERSONAL INJURY PROTECTION

- Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured age 65 or older, or age 60 or older who is retired and receiving a pension.
- Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured and any family member age 65 or older, or age 60 or older who is retired and receiving a pension.

COMBINED PERSONAL INJURY PROTECTION (Combined PIP is available only when you have a second motorcycle on this policy or any other policy which is covered for PIP.)

- Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured age 65 or older, or age 60 or older who is retired and receiving a pension.
- Personal Injury Protection with Exclusion of WORK LOSS BENEFITS for named insured and any family member age 65 or older, or age 60 or older who is retired and receiving a pension.

I understand the selection made above will remain in effect until revoked by the "named insured".

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

APPLICANT OR NAMED INSURED (Please print) _____ POLICY NUMBER 0077980740
733203 02/11