

## MINNESOTA MOTORCYCLE INSURANCE APPLICATION

OITY	STATE	ZIP CODE
STREET ADDRESS 3470 WASHINGTN DR#103		
PRODUCER NAME M J MCPHERSON INSURAN	ICE AGENCY	INC
89-5307-233	عرد مید ک	
PRODUCER CODE		

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RATING QUESTIONS			METALISE.	MIN ME	STATE OF THE PARTY	*
DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LI	FE POLICY WITH FOREMOST,	FARMERS, BRIST	OL WEST OR 21	st CENTURY?	Y 🗆 N	
A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIA	ABLE UNIVERSAL POLICY, HAV	/E A FACE AMOUN	NT OF \$50,000 C	R GREATER, ISSI	JED TO AN ADUL	T AND IN FORC
HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE COVERAGE	FOR THE PAST 6 MONTHS?	ZIY 🗋 N	Control Service			
POLICY COVERAGE			VEHICLE COV	EDAGE		
BODILY INJURY (Includes Passenger Liability) ☐ 30/60 ☐ 50/100 ☑ 100/300 ☐ 250/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE ☐ 10,000 ☐ 20,000 ☐ 25,000 ☐ 50,000 ☑ 100,000 ☐ 250,000	OTHER THAN COLLISION Specify Deductible:	DED \$ 250	DED S	DED \$	DED \$	DED S
BODILY INJURY/PROPERTY DAMAGE CSL (Includes Passenger Liability)  ☐ 300,000 ☐ 500,000	COLLISION Specify Deductible:	DED \$ 250	DED S	DED \$	DED \$	DED
MEDICAL PAYMENTS  ☑ 1,000 □ 2,500 □ 5,000 □ 10,000	TOWING, ROADSIDE ASSISTANCE and TRIP INTERRUPTION COVERAGE	<b>⊿</b> Y □N	□Ү□и	OY ON	OY ON	OY ON
UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY  ☑ 25/50 ☐ 30/60 ☐ 50/100 ☐ 100/300 ☐ 250/500 ☐ 300,000 ☐ 500,000	OPTIONAL EQUIPMENT (Doe  1. COLLISION and/or OTHE	R THAN COLLISION	include(s) a mini	mum amount of co	verage for optional	equipment at no
PERSONAL INJURY PROTECTION (PIP) REJECTION OF WORK LOSS BENEFITS (Must complete Form 733203)  ☐ Personal Injury Protection	The total amount of optio equipment must be place.	ne Program Guide t nal equipment cove	or the amount inc rage may not exc	luded at no addition	nal charge).	
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.)	Indicate how much additional coverage is needed for each vehicle (do not include trike		li			
	conversion kit in optional equipment amount)	\$	\$	\$	\$	s
	TRANSPORT TRAILER COVER Indicate how much coverage is	AGE needed and comple	te the Transport T	railer section below.	S	See
			TOTAL WRITT	EN PREMIUM	\$	308.0
TRANSPORT TRAILER			HERW'S	7 7 10		
MAKE AND MODEL	- 119	SERIAL NUM	IBER	72.5 ESE		<b>V</b> ALUE
Remarks:		100			\$	
selection and analysis of the selection of the selection of						
REQUIRED APPLICANT INFORMATION APPLICANT IN	IUST COMPLETE, SIGN	AND DÁIE THI	S APPLICATI	ON.	in a superior	2 4
IT IS UNLAWFUL TO KNOWINGLY PROVIDE FAINSURANCE COMPANY FOR THE PURPOSE PENALTIES MAY INCLUDE IMPRISONMENT, FIN In connection with this application for insurance, we may information contained in that credit report. We may use a this The insurer may obtain consumer reports or personal or private.	ALSE, INCOMPLETE OF DEFRAUDING NES, DENIAL OF IN- review your credit repo- ird party in connection w	OR MISLE OR ATTE SURANCE, rt or obtain or ith the develor	ADING FAMPTING TAND CIVIL use a credi	ACTS OR IN TO DEFRAG DAMAGES t-based insurar insurance sco	JD THE C S. ance score ba	OMPANY.
information subsequently collected by the insurer or your a permitted by law. You have the right of access and correction you with more detailed information regarding the collection information.  1. I agree to allow the insurer and its representatives to selisted in the application or subsequently added to the pollipith, social security number and driver's license number.	rileged information from tagent may in certain circ n with respect to all pers n, use and disclosure of	cumstances be conal information personal information	odisclosed to on collected. mation, and	third parties At your reque	without authorst, the insurer access and c	will provide correct such

DATE 3-10-17 TIME 9:50

0076469100

APPLICANT SIGNATURE IIII

REQUIRED PRODUCER INFORMATION		
By signing this application, and that I am both licensed by the state and appointed by Fo	remost to write this specific line of busine	ess and that I have advised
the customer that credit programmer may be obtained.		☐ AM
PRODUCER SIGNATURE DILL Mathew parces McPherson	DATE 03/07/2017	TIME PM  COVERAGE BOUND?
PRODUCER NAME (Print) Mathew James McPherson PROD	UCER LICENSE NO.	☐ YES ☐ NO
PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLIN		ENT BALANCE DUE
☑ FULL PAYMENT ☐ 3 PAY ☐ 6 PAY ☐	DOWN PAYMI	\$
NOTE: THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY T	TIME DURING THE FIRST 59 DA	YS FOLLOWING
ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS	NOT SPECIFICALLY PROHIBI	TED BY STATUTE.
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE	SE SELECTION/REJECTION - N	IINNESOTA
List and Manager Bodilly Injury Coverage provides hopefits to your passeng	ders or relatives living with you if an un	insured motorist causes
their injuries. An uninsured motorist is one who is not insured for his/her liability, or who is not insured for his/her liability.	o is unidentified after flaving fled the stationary stress 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	t his/her limit of liability is less than the	limit you select for this
coverage.  SELECTION OR REJECTION O	F COVERAGE	
	98 TS 52-54/77 TO 1 5 7 7 7	
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 Lia	bility limits. You have the
option of selecting lower limits or rejecting this coverage. The limits you select may no box below, Uninsured/Underinsured Motorists Coverages will be added at the same limits.	t exceed your boully frightly Liability into	ns. II you do not select a
Indicate your selection here (amounts shown are for each person/each accident):		000/500 000
	50,000/500,000 \$500 00,000/300,000 Rejer	,000/500,000 ct
I have had Uninsured and Underinsured Motorists Bodily Injury Coverage explained to that my policy will not contain this coverage when issued or renewed.	me and fully understand it. If I reject the	nis coverage, I understand
	DATE _ 3-10	-17
SIGNATURE OF APPLICANT OR NAMED INSURED	T155	
APPLICANT OR NAMED INSURED (Please print)	POLICY NUMBER _C	076469100
740675 06/06 PERSONAL INJURY PROTECTION COVERAGE - REJECTION	N OF WORK LOSS BENEFITS -	MINNESOTA
Minnesote state law you have the right to reject work	loss benefits provided under Per	sonal Injury Protection
Coverage if you, or you and any family members are age 65 or older, or	age 60 or older if retired and rece	eiving a pension.
PERSONAL INJURY PROTECTION	ITC for named incured age 65 or	older or age 60 or
Personal Injury Protection with Exclusion of WORK LOSS BENEF older who is retired and receiving a pension.		
Personal Injury Protection with Exclusion of WORK LOSS BENEFI	TS for named insured and any far	mily member age 65 or
older, or age 60 or older who is retired and receiving a pension.		
COMBINED PERSONAL INJURY PROTECTION (Combined PIP is ava	ilable only when you have a seco	and motorcycle on this
policy or any other policy which is covered for PIP.)  Personal Injury Protection with Exclusion of WORK LOSS BENEF	ITS 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 BENEFI older, or age 60 or older who is retired and receiving a pension.	TS for named insured and any fa	mily member age 65 or
I understand the selection made above will remain in effect until revoked	by the "named insured".	
SIGNATURE OF APPLICANT OR NAMED INSURED	DATE	0-17
\ <del>J</del>	POLICY NUMBER	0076469100
APPLICANT OR NAMED INSURED (Please print)	POLICY NUMBER 1	0070403100
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0076469100

## NOTICE TO APPLICANTS FOR MOTORCYCLE INSURANCE CONCERNING PERSONAL INJURY PROTECTION (PIP) COVERAGE

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Under Minnesota law, a policy of motorcycle coverage issued in the state of Minnesota must provide liability coverage only, and there is no requirement that the policy provide Personal Injury Protection (PIP) coverage in the case of injury sustained by the insured. No PIP coverage provided by an automobile insurance policy you may have in force will extend to provide coverage in the event of a motorcycle accident.