

MINNESOTA MOTORCYCLE INSURANCE APPLICATION

PRODUCER CODE 89-5453-719		
PRODUCER NAME SCHMITZ, ANDREW THOMAS		
STREET ADDRESS 1434 YANKEE DOODLE RD		
CITY EAGAN	STATE MN	ZIP CODE 55121-1801

REFERENCE OR POLICY NUMBER 0078994566	EFFECTIVE DATE 04/11/2020	TERM 12 MO	PHONE NUMBER (651)456-8834	FAX NUMBER
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NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME JOSE		MI	LAST RIVERA		OCCUPATION
DATE OF BIRTH **/**/1971	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input checked="" type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER		PHONE NUMBER (612) 803-0589
MAILING ADDRESS 4007 CRYSTAL LAKE BLVD			CITY ROBBINSDALE	STATE MN	ZIP CODE 55422-1548
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
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N DOES ANY OPERATOR BELONG TO AN APPROVED ALLIANCE GROUP?			(PRODUCER: VERIFY AND RETAIN PROOF OF CURRENT MEMBERSHIP)		MEMBERSHIP NUMBER
Which operator: _____			Which organization: _____		

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	-	----	---			32		*****5718	MN	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10
2										<input type="checkbox"/> Y <input type="checkbox"/> N	
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

Y N
 HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? 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	YAMAHA XV1900A MIDNIGHT STAR	2009	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1854	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	01/2014	\$ 14000	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	JYAVP21E29A007168	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


Y 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8
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					
BODILY INJURY (Includes Passenger Liability) <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input checked="" type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE <input type="checkbox"/> 10,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input checked="" type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000	SPECIFY PACKAGE*	PLS				
MEDICAL PAYMENTS <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	\$ 750	\$	\$	\$	\$
UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY <input type="checkbox"/> 25/50 <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input checked="" type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500	COLLISION <i>Specify Deductible:</i>	\$ 750	\$	\$	\$	\$
PERSONAL INJURY PROTECTION (PIP) REJECTION OF WORK LOSS BENEFITS (Must complete Form 733203) <input checked="" 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.)	TOWING AND ROADSIDE ASSISTANCE	<input checked="" 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	<input type="checkbox"/> Y <input type="checkbox"/> N
	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.	\$ 3500.00	\$	\$	\$	\$
	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 \$ 478.00					

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.

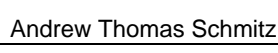
The insurer may obtain consumer reports or personal or privileged information from third parties. The information as well as other personal or privileged information subsequently collected by the insurer or your agent may in certain circumstances be disclosed to third parties without authorization, as 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  DATE 4/10/2020 | 7:11 EDT TIME 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  DATE 04/10/2020 TIME AM PM

PRODUCER NAME (Print) Andrew Thomas Schmitz PRODUCER LICENSE NO. null COVERAGE BOUND? YES NO

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

<input checked="" type="checkbox"/> FULL PAYMENT	<input type="checkbox"/> 3 PAY	<input type="checkbox"/> 6 PAY	<input type="checkbox"/> _____	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):

- \$25,000/50,000 \$50,000/100,000 \$250,000/500,000 \$500,000/500,000
- \$30,000/60,000 \$100,000/300,000 \$300,000/300,000 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 JOSE RIVERA
5DA74D2794B9453...

DATE 4/10/2020 | 7:11 EDT

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

POLICY NUMBER 0078994566

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 Not Applicable

DATE _____

APPLICANT OR NAMED INSURED (Please print) _____

POLICY NUMBER 0078994566

733203 02/11

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

733313 06/06

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.

**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.

Minnesota Insurance Guaranty Association
7600 Parklawn Avenue #460
Edina, Minnesota 55435
(852) 831-1908

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 from 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 & casualty insurance 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 IN 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.