

## MINNESOTA OFF-ROAD VEHICLE INSURANCE APPLICATION

PRODUCER CODE
89-5453-719
PRODUCER NAME
SCHMITZ,ANDREW THOMAS
STREET ADDRESS
1434 YANKEE DOODLE RD

CITY STATE ZIP CODE **EAGAN** MN 55121-1801 REFERENCE OR POLICY NUMBER EFFECTIVE DATE TERM PHONE NUMBER FAX NUMBER 0079696014 02/23/2021 12 MO (651)456-8834 NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD FIRST NAME LAST OCCUPATION LOWELL MEIER DATE OF BIRTH MARITAL STATUS PHONE NUMBER **GENDER** SOCIAL SECURITY NUMBER \*\*/\*\*/1956 **⊿**M **□** F □S☑M (507) 425-2009 MAILING ADDRESS CITY STATE ZIP CODE 2610 STATE HIGHWAY 62 **FULDA** MN 56131-4454 IS THERE AN ADDITIONAL FIRST NAME МІ LAST IS THE JOINT OWNERSHIP TITLED OWNER? IF YES ENDORSEMENT NEEDED? ☐ Y ☑ N GARAGING COMPLETE IF ANY VEHICLE IS GARAGED AT A LOCATION DIFFERENT FROM OWNER'S MAILING ADDRESS VEH# GARAGING ADDRESS ZIP CODE STATE **OPERATOR** LIST ALL OPERATORS OFF-ROAD VEHICLE TOTAL DATE OF MARITAL DRIVER'S LICENSE ORV EXPERI-ENCE SAFETY COURSE ISSUING GENDER NAME YEARS LICENSED STATUS BIRTH NUMBER STATE DATE \*\*\*\*\*5413 1 Named Insured 48 MN 20 \*\*\*\*\*\*\*\*\*\*\*\*\*9549 F \*\*/\*\*/1958 MEIER, CINDY 46 MN 20 M 3 **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" ACCIDENT/VIOLATION ACCIDENT OPFE AMOUNT OF DESCRIPTION ATOF BODILY (CITY-STATE) DATE AT-FAULT (SPECIFY) PROPERTY INJURY DAMAGE  $\square Y \square N$  $\square Y \square N$ ACC VIOL □ Y □ N □ Y □ N \$ □ ACC □ VIOL  $\square$  Y  $\square$  N ☐ ACC ☐ VIOL  $\square Y \square N$ □ Y □ N  $\square$  Y  $\square$  N ☐ ACC ☐ VIOL VEHICLE INFORMATION TURBOCHARGED CURRENT MODEL CC YEAR VEHICLE TYPE MAKE AND MODEL VEH OR MARKET YEAR SIZE **PURCHASED** SUPERCHARGED VALUE POLARIS 500 XC SP 1 **SNOWMOBILE** 2005 500 01/2010 \$ 0 2 SNOWMOBILE POLARIS 600 EDGE TOURING 2005 599 **☑** N 01/2010 \$ 0  $\square N$ 3  $\square$  Y \$  $\square$  Y  $\square$  N \$ 4 5  $\square$  Y STORED IN OPERATOR PERCENT OF USE NUMBER THEFT FULLY-ENCLOSED VEHICLE LAYUP SEAT BELTS VFH OF WHEELS PREVENTION ARS LOCKED GARAGE OR IDENTIFICATION NUMBER (IN MONTHS) OP 1 OP 2 OP 3 OP 4 OP 5 DEVICE SIMILAR STRUCTURE 1 **P**Y N SNS1NP5CSX5C50290 % % % % 6 % 2 **⊘**Y □ N ☐ Y Ø N □ Y 🗹 N OY O % SN1NT6ES95C523868 6 3 □ Y □ N  $\square Y \square N$  $\square$  Y  $\square$  N  $\square$  Y  $\square$  N % % 0/ % % U Y U N OY ON OY ON OY ON % % % % % 4 % 5  $\square$  Y  $\square$  N  $\square$  Y  $\square$  N  $\square Y \square N$  $\square$  Y  $\square$  N % 0/ 0/ 0/ LOSS PAYEE or LEASING COMPANY VFH# LEASE OR LOAN NUMBER NAME OF LIENHOLDER STREET ADDRESS CITY STATE ZIP CODE

PODILV IN HIPV (Include									
DODII V IN ILIDV (Includa	POLICY COVERAGE				VEHICLE COVE	RAGE			
	s Passenger Liability) 100/300 250/500	300/300 🗖 500/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5	
PROPERTY DAMAGE  10,000	25,000 50,000	<b>2</b> 100,000 <b>2</b> 250,000	SPECIFY PACKAGE*	LBO	LBO				
MEDICAL PAYMENTS ☐ 1,000 ☐ 2,500	5,000 10,000	☑ 25,000	OTHER THAN COLLISION Specify Deductible:	\$ NO COV	\$ NO COV	\$	\$	\$	
ININSURED MOTORISTS 25/50	<b>50/100 100/300</b>	250/500	COLLISION Specify Deductible:	\$ NO COV	\$ NO COV	\$	\$	\$	
IF YOU CHOOSE THE COSMETIC DAMAGE EXCLUSION IT WILL APPEAR IN THE FORMS AND ENDORSEMENTS SECTION OF THE DECLARATIONS PAGE WHEN THE POLICY IS ISSUED. Any unit that has this exclusion listed will not have coverage for Cosmetic Damage.			OPTIONAL EQUIPMENT (Does not apply to Dune Buggies, Golf Carts or Side by Side ATVs)  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).						
			Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$15,000.	\$	\$	\$	\$	\$	
			TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below.						
AVAILABLE PACKAGES	CAN BE FOUND IN THE F	PROGRAM GUIDE.			TOTAL WRITT	EN PREMIUM	\$	278.0	
TRANSPORT TR	AILER								
MODEL YEAR MAKE AND MODEL			SERIAL NUMBER					VALUE	
							\$		
Remarks:									
REQUIRED APP IT IS UNLAWFO INSURANCE (	UL TO KNOWII COMPANY FOI	NGLY PROVIDE I	MUST COMPLETE, SIGN FALSE, INCOMPLET SE OF DEFRAUDIN FINES, DENIAL OF II	E, OR MISI G OR ATT	EADING F	ACTS OR I	AUD THE		
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**RATING QUESTIONS** 

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 IIII Andrew Thomas Schmitz DATE				02/24/2021	TIME	☐ AM ☐ PM					
PRODUCER NAME (Pr	int) Andrew Thoma	ıs Schmitz		PRODUCER LICENSE NO.	null	-	OVERAGE BOUND? YES ☐ NO				
PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE											
<b>☑</b> FULL PAYMENT	☐ 3 PAY	☐ 6 PAY			DOWN PAYN \$	MENT	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.

## 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 <u>maximum amount</u> 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.

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