

STATE OF MINNESOTA - RISK MANAGEMENT DIVISION
2014-2015
AUTOMOBILE INSURANCE APPLICATION
(NEW OR RENEWAL)

SECTION 1 - LIABILITY

*For best results, Use the TAB Key to move to each highlighted area, which is to be completed.

Number of out-of-state miles driven annually

PLEASE DO NOT INCLUDE VEHICLES LEASED OR RENTED FROM FLEET SERVICES.
 VEHICLES LEASED FROM COMMERCIAL LEASING FIRMS MAY HAVE TO BE REPORTED. PLEASE REFER TO LEASE AGREEMENT.

<i>ITEM</i>	<i>CLASS CODE #</i>	<i>NUMBER OWNED</i>	<i>NUMBER LEASED</i>
Auto	0448A		
Auto/Police (For State Patrol Use Only)	0449B		
Van - <u>Passenger</u>	0001A		
Van - <u>Cargo</u>	0001C		
Sports Utility Vehicle	0001B		
Vans/Police (For State Patrol Use Only)	0002A		
Ambulances	0003A		
Trucks-light (0-16,000 lbs. GVW)	180		
Trucks-Medium (16,001-26,000 lbs. GVW)	305		
Trucks-Heavy (over 26,001 lbs. GVW)	307		
Bus	0006A		
Motor Homes	0006B		
Mobile Class Rooms	0006C		
Construction / Maintenance Equipment:			
Front End Loader	760		
Excavator/Dragline	770		
Motor Grader	620		
Tractor Loader Backhoe	721		
Skid Steer Loader	727		
Sweepers	980		
Agriculture Tractor (less than 60 HP)	722		
Agriculture Tractor (over 60 HP)	723		
Industrial Tractors	0073A		
Fire Trucks	0351A		
Motorcycles	0008A		
ATV's	0008B		
Snowmobiles	0008C		
Golf Carts	3		
Other Self-Propelled Units/Including Riding Lawnmowers over 30 hp (Don't include Riding Lawnmowers 30 hp and less or Forklifts since they are insured at no charge)	5		
Total		0	0
Trailers	4		

SECTION 2 - PHYSICAL DAMAGE COVERAGE

COVERAGE OPTIONS (SELECT ONE OPTION FROM THE LIST):

Physical Damage required by lease. (Please complete the attached Excel Schedule.)	<input type="checkbox"/>
Yes, I am interested in a quotation. (Please complete the attached Excel Schedule.)	<input type="checkbox"/>
No, I do not want Comprehensive & Collision Coverage.	<input type="checkbox"/>
Yes, I want both Comprehensive & Collision Coverage for ALL vehicles.	<input type="checkbox"/>
Yes, I want both Comprehensive & Collision Coverage for SELECTED vehicles.	<input type="checkbox"/>

AMOUNT OF DEDUCTIBLE (SELECT ONE OPTION FROM THE LIST):

Same as expiring - NO CHANGES	<input type="checkbox"/>
\$500 Deductible	<input type="checkbox"/>
\$1,000 Deductible	<input type="checkbox"/>

YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US DIRECT OUR FLEET SAFETY RESOURCES!

	Yes	No
1. Driver's license & motor vehicle record checks are conducted annually on all employees operating state-owned vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
2. Driver's license & motor vehicle record checks are conducted annually on all employees operating leased or personal vehicles.	<input type="checkbox"/>	<input type="checkbox"/>
3. Each employee who regularly drives while conducting state business has completed a defensive driving course within the past three years.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Agency has a written fleet safety policy.	<input type="checkbox"/>	<input type="checkbox"/>
5. Incident investigation/crash reviews are being performed by the Agency when Auto Physical Damage claims occur.	<input type="checkbox"/>	<input type="checkbox"/>
Additional Fleet Safety Comments:	<input type="checkbox"/>	<input type="checkbox"/>

SOLE AUTHORITY

The Risk Management Fund Claims Department will have sole authority with respect to the adjustment, coverage evaluation, and valuation of losses.

Dates of Coverage: 07/01/2014 to 07/01/2015

State Agency _____

Name Changes/Consolidation _____
 (If yes, please advise above)

Contact Name _____ Title _____

Mailing Address _____

City _____

State MN Zip _____

Telephone _____ Fax _____

Internet/E-mail Address _____

Risk/Safety Coordinator (name) _____

Telephone _____ E-mail _____

If Auto Liability is the only coverage you wish to obtain (not Auto Physical Damage) then **Save** and **FORWARD** this application to the Risk Management Division at: risk.management@state.mn.us
 If you are requesting Auto Physical Damage coverage, also complete the attached Excel spreadsheet and then **SAVE** and **FORWARD** it back too. (DO NOT REPLY.)