

- INSURANCE COMPANY
 INDEMNITY COMPANY

MUST be completed in conjunction with the ALL STATES Form A-101

1. Applicant Name _____

2. DBA, if any _____

UNINSURED MOTORIST PROTECTION & UNDERINSURED MOTORIST PROTECTION

The laws of Minnesota require that you carry minimum limits of Uninsured Motorist Protection and Underinsured Motorist Protection. This will be included in your policy. Please refer to the explanations below to help you better understand what this protection consists of. **You may not reject this coverage.**

Uninsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death when legally entitled to recover from owners of uninsured motor vehicles.

Underinsured Motorist Coverage provides protection for insured thereunder for bodily injury, sickness, or disease, including death, where the limits of coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured are less than the limits for the insured's uninsured motorist coverage.

Uninsured and Underinsured Motorist Coverage must be written with the same limits of liability and a change in the limits of liability for one of these coverages mandates a change in the limits for the other coverage.

The premium for Uninsured Motorist Protection and Underinsured Motorist Protection is listed below. Please make your selection of coverage by initialing the limit you desire.

<u>(Initial)</u>	<u>Limits</u>	<u>Gasoline or Petroleum Haulers</u>	<u>Other Commercial</u>
_____	\$25,000 each person / \$50,000 each accident	110.00	75.00
_____	\$50,000 each person / \$50,000 each accident	135.00	90.00

PERSONAL INJURY PROTECTION

The laws of Minnesota require that you carry minimum limits of Personal Injury Protection. This will be included in your policy. You have the option of selecting to add together 2 or more Personal Injury Protection Coverages. **There will be an additional premium charge for this selection.** Please indicate your selection by checking the appropriate box below:

- I desire to add 2 or more Personal Injury Protection Coverages together (stacking selected)
 I **do not** desire to add 2 or more Personal Injury Protection Coverages together (stacking rejected)

If you and/or an insured family member is age 65 or older, you have the option of excluding coverage for work loss. There will be a premium credit for this selection. If desired, please indicate your selection by checking the appropriate box below:

- I desire to exclude work loss coverage for the named insured only, age 65 or older
 I desire to exclude work loss coverage for the named insured and any family member age 65 or older

Your Personal Injury Protection premium may be less if you also carry Workers Compensation Insurance. Please complete the information below if applicable:

Workers Compensation Insurer _____
 Policy No. _____
 Effective Date _____

Signature of Applicant _____ **X** Date _____