

**AGREEMENT AND ACKNOWLEDGMENT TO BE ATTACHED TO  
APPLICATION FOR SELF-INSURANCE**

Applicant hereby agrees to pay all assessments and to participate in the Assigned Claims Plan provided in the Minnesota No-Fault Automobile Insurance Act.

Applicant acknowledges that it is subject to the Minnesota Unfair Trade Practices Act (Chapter 72A).

Applicant agrees to discharge fully and promptly all payments and obligations which are now due or shall become due under the provisions of the Minnesota No-Fault Automobile Insurance Act and amendments thereto; to furnish the Commissioner of Commerce such further information as may be requested as a condition to the privilege of exemption from insuring liabilities under the Minnesota No-Fault Automobile Insurance Act.

Applicant \_\_\_\_\_ authorized to do business in Minnesota as a foreign corporation.  
(is) (is not)

Applicant as a further consideration for the granting of a self-insurance permit, hereby agrees that it is doing business and has a situs within the State of Minnesota for all purposes within the meaning, intent and scope of the Minnesota No-Fault Automobile Insurance Act and applicant hereby appoints \_\_\_\_\_,  
(Name) (Address)

and the Commissioner of Commerce of the State of Minnesota as its agent, upon whom service of notice and process may be had in the manner and in accordance with the Minnesota No-Fault Automobile Insurance Act in all proceedings under said Act, and service upon whom shall be deemed to be personal service upon the applicant, which appointment of said agent shall remain in effect for said purposes covering all proceedings arising out of motor vehicle accidents.

The undersigned makes this application with full knowledge that the Minnesota No-Fault Automobile Insurance Act provides that any exemption granted may be revoked by the Commissioner of Commerce.

\_\_\_\_\_  
(Name of Applicant)

By \_\_\_\_\_  
(Name) (Title)

Dated at \_\_\_\_\_,  
(City or Town)

\_\_\_\_\_, 20\_\_\_\_.

**AFFIDAVIT**

(The person subscribing the affidavit below should be the applicant him or herself; or, if the applicant be a partnership, one of the partners; or, if the applicant be a corporation, its president, vice president, secretary or treasurer.)

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

\_\_\_\_\_ first being duly sworn on oath deposes and says that he is the person who signed the foregoing application for the applicant therein named and that he is acquainted with the affairs of said applicant to which the representations and statements set forth in the foregoing application relate, that he has read said application, knows the contents thereof and that said representations and statements therein contained are true to the best of his knowledge, information and belief.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_ County, \_\_\_\_\_  
(State)

My commission expires \_\_\_\_\_.