

STATE OF MINNESOTA
RISK MANAGEMENT DIVISION

FY2017 AUTOMOBILE INSURANCE APPLICATION

07/01/2016 - 07/01/2017

SECTION 1 - AUTO LIABILITY COVERAGE

INSTRUCTIONS

1. Use the Tab key to move to highlighted areas.
2. Do not include vehicles leased or rented from Fleet Services.
3. For vehicles leased from commercial leasing firms refer to lease agreement to see if you're responsible for insurance.
4. Complete A. and B. below.

A. **Number of out-of-state miles driven annually**

ITEM	CLASS CODE (for office use)	NUMBER OWNED		NUMBER LEASED (Do not include vehicles leased from Fleet Services)
B. 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 for Auto Liability)	5			
Total		<u><u>0</u></u>		<u><u>0</u></u>

Trailers	4			
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SECTION 2 - AUTO PHYSICAL DAMAGE COVERAGE

INSTRUCTIONS

1. COVERAGE (SELECT ONE OPTION FROM THE LIST):

- Yes, I am interested in a quote since I don't currently have this coverage. (Complete New Policyholder Schedule.)
- No, I do not want Comprehensive & Collision Coverage.
- Yes, I want both Comprehensive & Collision Coverage for ALL vehicles. (Update FY2017 Auto Schedule.)
- Yes, I want both Comprehensive & Collision Coverage for SELECTED vehicles. (Update FY2017 Auto Schedule.)

2. DEDUCTIBLE (SELECT ONE OPTION FROM THE LIST):

- Same as expiring - NO CHANGES
- \$500 Deductible
- \$1,000 Deductible

3. 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 completed a defensive driving course within past 3 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 claims occur.	<input type="checkbox"/>	<input type="checkbox"/>
6. Would you like to have someone call you to discuss fleet safety and loss control?	<input type="checkbox"/>	<input type="checkbox"/>

SOLE AUTHORITY

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

Dates of Coverage: 07/01/2016 to 07/01/2017

State Agency (notify us if agency changed name or consolidated) _____

Contact Name _____ Title _____

Mailing Address _____

City _____

State MN Zip _____

Telephone _____ Fax _____

E-mail Address _____

Risk/Safety Coordinator Name _____

Telephone _____ E-mail _____

The completed Application and Schedule (if any) should be submitted to:

risk.management@state.mn.us