

| Section Name                                 | Field Name                     | Field and/or Section Description   |
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| <b>TITLE</b><br><b>ACORD 38 MN (2013/01)</b> | <b>Minnesota Authorization</b> | <p>The title of the form. ACORD 38 MN, Minnesota Authorization, is used with all applications for insurance, to comply with Minnesota law requiring that all applicants for insurance must be told that credit-related information may be requested from Credit Bureaus or other organizations providing personal or privileged information in connection with the application.</p> <p>This information will be used for the purpose of making underwriting decisions which may include determinations to grant or deny coverage and/or the rates to be charged.</p> <p>This authorization is required pursuant to Minnesota Statute 72A.501.</p> <p>Additionally, the Applicant is advised that they have the right to request in writing that Extraordinary Life Circumstances be considered with the development of their credit score.</p> |
| <b>IDENTIFICATION SECTION</b>                | <b>Agency</b>                  | Enter text: The full name of the producer/agency.  |
| <b>IDENTIFICATION SECTION</b>                | <b>Agency Address</b>          | Enter text: The mailing address line one of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>                |                                | Enter text: The mailing address line two of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>                |                                | Enter text: The mailing address city name of the producer/agency.  |
| <b>IDENTIFICATION SECTION</b>                |                                | Enter code: The mailing address state or province code of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>                |                                | Enter code: The mailing address postal code of the producer/agency.  |
| <b>IDENTIFICATION SECTION</b>                | <b>Contact Name</b>            | Enter text: The name of the individual at the producer's establishment that is the primary contact.  |
| <b>IDENTIFICATION SECTION</b>                | <b>Phone (A/C, No, Ext)</b>    | Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.  |
| <b>IDENTIFICATION SECTION</b>                | <b>Fax No. (A/C, No, Ext)</b>  | Enter number: The fax number of the producer/agency.   |
| <b>IDENTIFICATION SECTION</b>                | <b>E-Mail Address</b>          | Enter text: The producer's contact person e-mail address.  |

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| IDENTIFICATION SECTION | Code                                 | Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.  |
| IDENTIFICATION SECTION | Subcode                              | Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).  |
| IDENTIFICATION SECTION | Agency Customer ID                   | Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).   |
| IDENTIFICATION SECTION | Applicant's Name and Mailing Address | Enter text: The named insured(s) as it/they will appear on the policy declarations page.  |
| IDENTIFICATION SECTION |                                      | Enter text: The named insured's mailing address line one.   |
| IDENTIFICATION SECTION |                                      | Enter text: The named insured's mailing address line two.   |
| IDENTIFICATION SECTION |                                      | Enter text: The named insured's mailing address city name.  |
| IDENTIFICATION SECTION |                                      | Enter text: The applicant's physical address county name.   |
| IDENTIFICATION SECTION |                                      | Enter code: The named insured's mailing address state or province code.   |
| IDENTIFICATION SECTION |                                      | Enter code: The named insured's mailing address postal code.  |
| IDENTIFICATION SECTION | Phone (A/C, No.)                     | Enter number: The named insured's primary phone number.   |
| IDENTIFICATION SECTION | Carrier                              | Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.  |
| IDENTIFICATION SECTION | NAIC Code                            | Enter code: The identification code assigned to the insurer by the NAIC.  |
| IDENTIFICATION SECTION | Policy Number                        | Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.                                    |
| IDENTIFICATION SECTION | Account Number                       | Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number. |
| IDENTIFICATION SECTION | New                                  | Check the box (if applicable): Indicates the response expected from the company is a new issued policy.   |

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| <b>IDENTIFICATION SECTION</b>  | <b>Renewal</b>   | Check the box (if applicable): Indicates the response expected from the company is a renewed policy.  |
| <b>IDENTIFICATION SECTION</b>  | <b>Effective Date</b>  | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.                                      |
| <b>IDENTIFICATION SECTION</b>  | <b>Expiration Date</b>   | Enter date: The date on which the terms and conditions of the policy will expire.   |
| <b>APPLICANT / APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE</b> | <b>Applicant / Applicant's Authorized Representative's Signature</b> | Sign here: Accommodates the signature of the applicant or named insured. As used here, this is the named insured or named insured representative. |
| <b>APPLICANT / APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE</b> | <b>Date</b>  | Enter date: The date the form was signed by the named insured.  |
| <b>Edition</b>   | <b>Date</b>  | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).                               |