

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST. PAUL MN 55101
1-800-552-0013 651-222-0484 FAX: 651-222-7824

APPLICATION FOR LIQUOR LIABILITY COVERAGE

Coverage will not be bound if the correct premium payment, written rejection or if quote exceeds 20% above plan rate, current license and required documentation of liquor receipts are not attached. Coverage cannot be bound prior to 12:01a.m. the day following receipt of the above by the administrator.

Legal Name of Applicant _____

Trade Name (DBA) _____

Mailing Address _____

Phone _____

Individual Partnership Corporation Non-Profit Other _____

If Applicant is Individual:

Applicant Name _____ Spouse Name _____

If Applicant is a Partnership or Corporation:

Name of each Partner or Owner _____ Percentage of Ownership _____

Operating Location(s) – List all locations: _____

Classification: Primary Nature of Business: _____

Check all applicable:

Restaurant Club Bar Special Event Bowling Alley

NOTE: OFF SALE FACILITIES MUST HAVE A SEPARATE ENTRANCE TO QUALIFY FOR AN OFF SALE RATE.

Off Sale Only On/Off Sales

Total receipts of entire establishment: \$ _____

Gross receipts from Liquor Sales included above: \$ _____

Gross receipts from **OFF SALE**: \$ _____ **ON SALE**: \$ _____

Seating Capacity: _____ Total _____ Bar Only

License in effect? Yes No

Licensing Authority: _____

Address: _____

City: _____ **State:** MN **Zip Code:** _____

Fax #: _____

License Number: _____ Effective Date: _____ Expiration Date: _____
Has license ever been revoked / suspended? ___ Yes ___ No If Yes, list date and explanation:

CAUTION:

Any misrepresentation made by the applicant can void coverage or result in cancellation. False or misleading answers to the following questions would constitute gross misrepresentation and **VOID COVERAGE**.

A "Loss" does not include "notice of claim." Unless, following receipt of notice, your insurer or you in the event you were self-insured made a payment in settlement of the claim or the insurer established a reserve for the loss.

A "Violation" includes any conviction on a charge brought against the applicant or any employee or agent of the applicant arising out of the illegal sale of liquor.

You must submit hard-copy of LOSS RUNS from previous carriers, if applicable, for three years preceding your request for coverage. In the event you were self-insured, please submit a listing of all claims made against your establishment during your period of self-insurance. Loss history MUST be submitted for each of the three years.

Coverage Information:

Liquor Liability Coverage currently in effect? _____ YES _____ NO

Previous three years of insurance coverage prior to effective date of coverage desired:

<u>Carrier</u>	<u>Address</u>	<u>Policy #</u>	<u>Policy Period</u>	<u>Losses</u>	<u>Violations</u>
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1. _____

2. _____

3. _____

Has Liquor Liability Coverage ever been cancelled? _____ Yes _____ No

If yes. Explain why: _____

Applicant agrees to permit contract administrator to audit applicant's books and records during normal working hours to extent deemed necessary to verify information relating to receipts from Liquor Sales and/or other matters concerning the coverage applied for.

Coverage is requested to take effect at 12:01 A.M. on _____

Signature of Applicant Date Telephone Number

Agency Name: _____
Agent Name: _____ Phone Number: _____
Street Address: _____
City, State, Zip: _____
Agent's Fax #: _____

Agency Federal I.D. #: _____ or Agent SSN: _____