

MINNESOTA LIQUOR LIABILITY ASSIGNED RISK PLAN

**Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190, Burnsville, MN 55337
(952) 641-0260 Fax: (952) 641-0274
WWW.MJUA.ORG**

**APPLICATION FOR LIQUOR LIABILITY COVERAGE
SHORT TERM- SPECIAL EVENT & SEASONAL**

Enclosed is an "Application for Coverage" and rate schedule for the Minnesota Liquor Liability Assigned Risk Plan. (The Plan) This coverage is available through the MJUA subject to the same requirements and conditions applicable to other risks.

The following MUST accompany the completed application:

1. A copy of the applicant's **current liquor license(s)** clearly indicating the name of the Legal Licensee and issuing authority. (We will accept the completed **application for a pending license.**)
2. Full premium payment. **We no longer accept agency checks.** Payments must be made in the form of a check or money order from insured. All refunds or overpayments will be issued back the insured. Checks should be made payable to "MJUA".
3. Copy of ordinance if **Increased Limits** or being listed as an **Additional Insured** are required by licensing authority.

This is an audited policy. Final premium will be calculated after audit is completed. Audits are to be submitted with supporting documentation with 30 days from policy expiration date.

A written rejection is not presently required for a "Special Event". The above required documentation should be submitted directly to the Minnesota Joint Underwriting Association (MJUA). A qualifying liquor vendor can choose to submit application direct to the Plan without the services of an agent.

The rate for the minimum limits of liability under Minnesota Statutes is \$5 per \$100 of gross liquor receipts. Minimum premium is \$125/day for events of 4 days or less. For events of 5 days or more, the minimum premium is \$625. The \$5 rate applies to sales in excess of sales necessary to generate the minimum premium. You must maintain daily records of receipts for events of less than 5 days.

Agents do NOT have binding authority on behalf of the Plan.

The agent may not sign on behalf of the License Holder. Agent commission is 10%

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MINIMUM LIMITS OF LIABILITY PER MINNESOTA STATUTES

<u>Coverage</u>	<u>Limits of Liability</u>
Bodily Injury	\$ 50,000 each person \$100,000 each occurrence
Property Damage	\$ 10,000 each occurrence
Loss of Means of Support	\$ 50,000 each person \$100,000 each occurrence
Pecuniary Loss	\$ 50,000 each person \$100,000 each occurrence
Annual Aggregate	\$300,000

ANNUAL RATES FOR ABOVE LIMITS

(Per \$100 of Liquor Sales)

Classification	Rate	Minimum Premium
Special Events (1-4 days)	\$5.00	\$125/day (up to \$2500/day in liquor sales)
Seasonal (5 days or more)	\$5.00	\$625 (up to \$12,500/season in liquor sales)

INCREASED LIMITS FACTORS

Note – Increased limits and Additional Insured listings are available only to vendors who are REQUIRED to do so by their local licensing authority. The MJUA requires that it be provided with a copy of the ordinance at the same time an application is submitted.

The factors shown below must be applied to the rates and minimum premiums shown for the applicable classification on previous page.

<u>Increased Limits</u>	<u>Factor</u>	<u>Special Event Min. Premium</u>	<u>Special Event Rate Per \$100 of Sales</u>
100/100/20/300	1.14	\$142.50	\$5.70/100
200/200/40/300	1.27	\$158.75	\$6.35/100
300/300/60/300	1.37	\$171.25	\$6.85/100
500/500/100/500	1.50	\$187.50	\$7.50/100
500/1000/100/1M	1.52	\$190.00	\$7.60/100
1M/1M/300/1M	1.64	\$205.00	\$8.20/100
300/1M/60/1M	1.42	\$177.50	\$7.10/100
200/600/40/600	1.31	\$163.75	\$6.55/100
1M/2M/300/2M	1.66	\$208.00	\$8.32/100

LIQUOR LIABILITY - SHORT TERM
SPECIAL EVENT OR SEASONAL
APPLICATION FOR LIQUOR LIABILITY COVERAGE

Coverage will not be bound if the correct premium payment, written rejection (or quote in excess of 120% above plan rate), current license, and required documentation of liquor receipts are not attached.
Coverage cannot be bound prior to 12:01 a.m. the day following receipt of the above.

Legal Name Of Applicant: _____
(As Shown On License)

Trade Name (Dba): _____

Mailing Address: _____

City, State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Type Of Ownership: Corporation Individual Partnership Non-Profit Other

Agency Name: _____ Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone : _____

Email: _____ Tax ID: _____

APPROVED LICENSE OR COMPLETED LICENSE APPLICATION MUST ACCOMPANY THIS FORM

******NOTE: WE WILL ACCEPT THE COMPLETED LICENSE APPLICATION UNTIL LICENSE IS APPROVED******

TYPE OF LICENSE: TEMPORARY 1-4 DAY **NUMBER OF DAYS?** _____
 SEASONAL **NUMBER OF MONTHS?** _____
 CATERING OTHER, EXPLAIN _____

License Approved? Yes No If Yes, Current Licensing Period _____ To _____ License # _____

Proposed Effective Date: From _____ To _____ **12:01 A.M.**

Will Event Go Past 12:00am? Yes No If Yes, List Time As Stated On License: _____

Certificate Holder (City Or County Approving The License): _____

Mailing Address: _____

City: _____ State: Mn Zip Code: _____

Does The Licensing Authority Require To Be Listed As An Additional Insured On Insurance Certificate?

Yes No If Yes, Attach Ordinance Or Letter From Licensing Authority

Does The Licensing Authority Require Your Policy To Have Increased Limits?

Yes No If Yes, Please See Attached Increased Limits Factor Section & Attach Ordinance

Operating Location As Stated On License. If An Outdoor Area, Describe.

****Minimum premium covers up to \$2,500 alcohol sales per day for special events & up to \$12,500 alcohol sales per season. The rate for the minimum limits of liability under Minnesota Statutes is \$5 per \$100 of gross liquor receipts.****

Estimated Gross Receipts From Alcoholic Beverage Sales:

Special Event \$ _____ Seasonal \$ _____

Gross Alcohol Sales Receipts From Past Season Or Event: \$ _____

Has Applicant Previously Had A Liquor Liability Policy With Mjua?

Yes No If Yes, Previous Policy # _____

Has Applicant Submitted Audits For Previous Policies? Yes No

Will Alcoholic Beverages Be Included In Ticket Sales At Event?

Yes No If Yes, How Do You Track Alcoholic Beverage Sales?

*****This is an audited policy. Final premium is calculated after audit is completed. Audits are to be submitted with supporting documents within 30 days after policy expiration date. *****

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**.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

- ❖ Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA? ___ No ___ Yes
- ❖ If yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities. _____

MJUA LIQUOR LIABILITY – SHORT TERM APPLICATION CONTINUED....

❖ Does the applicant understand that the insurance being applied for does not cover, and will not indemnify, the applicant for any liability or loss arising from the applicant's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.
 No **Yes**

Has license ever been revoked/suspended? **Yes** **No** If yes, list date and explanation:

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 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.

PREVIOUS COVERAGE INFORMATION:

Do You Have Any Previous Liquor Claims? **Yes** **No**

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

	<u>CARRIER</u>	<u>POLICY #</u>	<u>POLICY PERIOD</u>	<u>LOSSES AND VIOLATIONS</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

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.

APPLICANT'S NAME: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

A POLICY CAN NOT BE ISSUED WITHOUT A LICENSE

No application will be accepted unless the application is fully completed, legible and signed by an authorized representative of the applicant (license holder).

ATTACH ALL REQUIRED DOCUMENTS WITH THIS APPLICATION