

MINNESOTA LIQUOR LIABILITY ASSIGNED RISK PLAN
Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190, Burnsville, MN 55337
(952) 641-0260 WWW.MJUA.ORG

APPLICATION FOR LIQUOR LIABILITY COVERAGE

SPECIAL EVENT & SEASONAL

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

No application will be accepted unless the application is fully completed, legible and signed by an authorized representative of the Applicant (License Holder).

The following MUST accompany the completed application:

1. A copy of the applicant's **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. Checks should be made payable to "MJUA". **We no longer accept agency checks.** Payments must be made in the form of a check or money order from insured. All refunds or over payments will be issued back to the insured.
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%

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	\$310,000

ANNUAL RATES FOR ABOVE LIMITS

(Per \$100 of Liquor Sales)

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

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 Minimum Premium</u>	<u>Special Event Rate Per \$100 of Sales</u>
100/300/20/310	1.17	\$146.25	\$5.85/100
100/300/50/310	1.18	\$147.50	\$5.90/100
500/500/100/500	1.50	\$187.50	\$7.50/100
1M/1M/300/1M	1.64	\$205.00	\$8.20/100
1500/1500/50/1500	1.65	\$206.00	\$8.25/100
1M/2M/300/2M	1.66	\$208.00	\$8.30/100
2M/2M/1500/2M	1.88	\$235.00	\$9.40/100

**SPECIAL EVENT OR SEASONAL - SHORT TERM
Application for Liquor Liability Coverage**

**Coverage will not be bound if the correct premium payment, current license or license application,
and this completed application 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: _____ TaxID: _____

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: _____

Event Location: as stated on license - If An Outdoor Area, Describe.

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

****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. _____

❖ 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

MINNESOTA JOINT UNDERWRITING ASSOCIATION

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in *Section 102(1) of the Act*: The term “act of terrorism” means any act or acts that are certified by the Secretary of Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of the United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

UNDER YOUR COVERAGE, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE TERRORISM RISK INSURANCE ACT, AS AMENDED. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE.

THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 0%, and does not include any charges for the portion of losses covered by the United States Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Applicant Name (Print)

Policyholder/Applicant Signature

Named Insured

Policy Number, if applicable

Date