

**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)

<b>Classification</b>	<b>Minimum Premium</b>	<b>Rate</b>
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 signed & 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: \_\_\_\_\_ MJUA Agency Code \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

A POLICY CAN NOT BE ISSUED WITHOUT A LIQUOR LICENSE OR the application for a pending liquor 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, Indicate Required Limit Amount on 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. No application will be accepted unless the application is fully completed, legible and signed by an authorized representative of the applicant (license holder).

APPLICANT'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH ALL REQUIRED DOCUMENTS WITH THIS APPLICATION**

**A POLICY CAN NOT BE ISSUED WITHOUT A LIQUOR LICENSE.**

**APPROVED LICENSE OR COMPLETED LICENSE APPLICATION MUST ACCOMPANY THIS FORM**

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



**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE  
COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the 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 the United States in the case of certain air carriers or vessels or the premises of a 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 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 exceeds \$100 billion in any one calendar year. 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, 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.

Policyholder/Applicant’s Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: \_\_\_\_\_

**MJUA**

12400 Portland Avenue S, Suite 190, Burnsville, Minnesota 55337

email: [info@mjua.org](mailto:info@mjua.org) | office: 952-641-0260 | fax: 952-641-0274 | [www.mjua.org](http://www.mjua.org)