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 C	Corporation	Non-Profit Ot	her
If Applicant is Individual: Applicant Name	Spous	e Name	
If Applicant is a Partnership or Corporati Name of each Partner or Owner	ion:	Percentage of Own	
Operating Location(s) – List all locations Classification: Primary Nature of Busines			
Check all applicable: RestaurantClub	Bar	Special Event	Bowling Alley

Off Sale Only	On/Off Sales		
Total receipts of entire establishment: \$_			
Gross receipts from Liquor Sales inclu	ded above: \$		
Gross receipts from OFF SALE: \$		ON SALE: \$_	
Seating Capacity:	Total		_ Bar Only
License in effect?Yes	No		
Licensing Authority: Address: City:		ip Code:	

License Number: Effective Date: Expiration Date: Has license ever been revoked / suspended? Yes No
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?YESNO Previous three years of insurance coverage prior to effective date of coverage desired: Carrier Address Policy # Policy Period Losses Violations
1
2.
3.
Has Liquor Liability Coverage ever been cancelled? YesNo 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's Fax #:
Agency Federal I.D. # : or Agent SSN: