

City of Minneapolis Requirements for Liquor Liability Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,
binder or TBA.

The Legal/Corporate name
must match exactly
(word for word) to the
Approved License Name
(including Inc. or LLC),
Trade Name (DBA),
and address of premises.

Minnesota Statute 340A.409:
Liquor liability insurance
policy number must be
included on certificate with
coverage dates identical to
license period or must state:
"Coverage is continuous
until cancelled."

Personal Injury or Death:
\$50,000/\$100,000

Property Damage:
\$10,000

Other Pecuniary Loss:
\$50,000/\$100,000

Loss of Means of Support:
\$50,000/\$100,000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE	
NAIC #	
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:																																																																																																																																																																																													
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																																																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR INSR L WVD</th> <th>POLICY NUMBER</th> <th>POLICY (MM/DD/Y)</th> <th>POLICY (MM/DD/Y)</th> <th>LIMITS</th> </tr> <tr> <td colspan="7">GENERAL LIABILITY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CLAIMS-MADE <input type="checkbox"/> OCCUR</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>AGGREGATE TO RENTED PREMISES (Ea occurrence) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>MED EXP (Any one person) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>PERSONAL & ADV INJURY \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMPIOP AGG \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="7">GENL AGGREGATE LIMIT APPLIES PER:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>POLICY</td> <td><input type="checkbox"/></td> <td>PRO-JECT</td> <td><input type="checkbox"/></td> <td>LOC</td> <td></td> </tr> <tr> <td colspan="7">AUTOMOBILE LIABILITY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ANY AUTO</td> <td><input type="checkbox"/></td> <td>SCHEDULED</td> <td><input type="checkbox"/></td> <td></td> <td>COMBINED SINGLE LIMIT (Ea accident) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ALL OWNED AUTOS</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>HIRED AUTOS</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per accident) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE (Per accident) \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="7">UMBRELLA LIAB</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EXCESS LIAB</td> <td><input type="checkbox"/></td> <td>CLAIMS-MADE</td> <td><input type="checkbox"/></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>AGGREGATE \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DED</td> <td><input type="checkbox"/></td> <td>RETENTION \$</td> <td><input type="checkbox"/></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="7">WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)</td> <td><input type="checkbox"/></td> <td>Y/N</td> <td><input type="checkbox"/></td> <td>N/A</td> <td>WC STATU-TORY LIMITS \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>OTHER \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS	GENERAL LIABILITY							<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>				EACH OCCURRENCE \$	<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>				AGGREGATE TO RENTED PREMISES (Ea occurrence) \$	<input type="checkbox"/>		<input type="checkbox"/>				MED EXP (Any one person) \$	<input type="checkbox"/>		<input type="checkbox"/>				PERSONAL & ADV INJURY \$	<input type="checkbox"/>		<input type="checkbox"/>				GENERAL AGGREGATE \$	<input type="checkbox"/>		<input type="checkbox"/>				PRODUCTS - COMPIOP AGG \$	<input type="checkbox"/>		<input type="checkbox"/>				\$	GENL AGGREGATE LIMIT APPLIES PER:							<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC		AUTOMOBILE LIABILITY							<input type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	SCHEDULED	<input type="checkbox"/>		COMBINED SINGLE LIMIT (Ea accident) \$	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per person) \$	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per accident) \$	<input type="checkbox"/>		<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$	<input type="checkbox"/>		<input type="checkbox"/>				\$	UMBRELLA LIAB							<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>		EACH OCCURRENCE \$	<input type="checkbox"/>		<input type="checkbox"/>				AGGREGATE \$	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$	<input type="checkbox"/>		\$	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	<input type="checkbox"/>	N/A	WC STATU-TORY LIMITS \$	<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>				OTHER \$	<input type="checkbox"/>		<input type="checkbox"/>				E.L. EACH ACCIDENT \$	<input type="checkbox"/>		<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$	<input type="checkbox"/>		<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS																																																																																																																																																																																									
GENERAL LIABILITY																																																																																																																																																																																															
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>				EACH OCCURRENCE \$																																																																																																																																																																																									
<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>				AGGREGATE TO RENTED PREMISES (Ea occurrence) \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				MED EXP (Any one person) \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				PERSONAL & ADV INJURY \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				GENERAL AGGREGATE \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				PRODUCTS - COMPIOP AGG \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				\$																																																																																																																																																																																									
GENL AGGREGATE LIMIT APPLIES PER:																																																																																																																																																																																															
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC																																																																																																																																																																																										
AUTOMOBILE LIABILITY																																																																																																																																																																																															
<input type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	SCHEDULED	<input type="checkbox"/>		COMBINED SINGLE LIMIT (Ea accident) \$																																																																																																																																																																																									
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per person) \$																																																																																																																																																																																									
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per accident) \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				\$																																																																																																																																																																																									
UMBRELLA LIAB																																																																																																																																																																																															
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>		EACH OCCURRENCE \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				AGGREGATE \$																																																																																																																																																																																									
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$	<input type="checkbox"/>		\$																																																																																																																																																																																									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY																																																																																																																																																																																															
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	<input type="checkbox"/>	N/A	WC STATU-TORY LIMITS \$																																																																																																																																																																																									
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>				OTHER \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				E.L. EACH ACCIDENT \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$																																																																																																																																																																																									
<input type="checkbox"/>		<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$																																																																																																																																																																																									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																																																																																																																																																																																															

Original signature or
stamp of agent.

CERTIFICATE HOLDER	CANCELLATION
ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 350 South 5 th Street, Room 1 City Hall Minneapolis, MN 55415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
_____ →	AUTHORIZED REPRESENTATIVE

Applications will be returned if requirements are not complete.