

# City of Minneapolis Requirements for Liquor Liability Insurance Certificate

#10

## 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:  
"Liquor liability 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

<p>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.</p> <p>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).</p>									
<p>PRODUCER</p> <p>Agency</p> <p>Address</p> <p>City, State, Zip</p>					<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext):</p> <p>FAX (A/C, No):</p> <p>E-MAIL ADDRESS:</p>				
INSURED					<p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A:</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>				
COVERAGES					CERTIFICATE NUMBER: REVISION NUMBER:				
<p>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.</p>									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY						COVERAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COM/PROP AGG	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$	
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
CERTIFICATE HOLDER					CANCELLATION				
<p>City of Minneapolis – Licenses and Consumer Services</p> <p>505 Fourth Ave. S., Room 220</p> <p>Minneapolis, MN 55415</p>					<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>				
Original signature or stamp of agent.					AUTHORIZED REPRESENTATIVE				

Applications will be returned if requirements are not complete.