**Liquor Liability Application**

The League of Minnesota Cities Insurance Trust’s municipal liability coverage provides coverage for premises-type claims (e.g., slips and falls), but it excludes coverage for the illegal sales of alcohol and cannabis. However, coverage can be provided as an option to members. It applies to the sale of liquor, beer, wine, and low potency cannabinoid products as defined in [Minn. Stat. § 151.72, subd. 4, 5, and 5a](https://www.revisor.mn.gov/statutes/cite/151.72). Members are required to demonstrate annual server training has been completed as a condition of coverage. More information about LMCIT’s liquor liability coverage can be found in Section II.L of the [LMCIT Liability Coverage Guide](https://www.lmc.org/resources/lmcit-liability-coverage-guide/lmcit-liability-coverage-guide/).

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| **Section 1: Applicant Information** | |
| 1. Applicant name and title: | Click or tap here to enter text. |
| 1. Applicant email address: | Click or tap here to enter text. |
| 1. Applicant phone number: | Click or tap here to enter text. |
| 1. City name: | Click or tap here to enter text. |
| 1. Insurance agent name: | Click or tap here to enter text. |

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| **Section 2: Coverage Information** | |
| 1. Name of licensee: | Click or tap here to enter text. |
| 1. License#: | Click or tap here to enter text. |
| 1. Effective date of coverage: | Click or tap here to enter text. |
| 1. Limits of liability requested:   *Cities can choose limits of either $500,000 per occurrence / $500,000 annual aggregate or $1 million per occurrence / $1 million annual aggregate. Higher limits can also be provided through LMCIT’s excess liability coverage, although for cities that already carry this coverage, it does not automatically apply to liquor liability. It can on request be endorsed to apply to liquor liability for an additional charge.* | $500,000 per occurrence / $500,000 annual aggregate  $1 million per occurrence / $1 million annual aggregate  Check here if you’re interested in LMCIT’s excess liability coverage. |
| 1. List each location needing coverage and their operations (e.g., off-sale municipal liquor store): | Click or tap here to enter text. |
| 1. Current insurance carrier: | Click or tap here to enter text. |
| 1. Policy number: | Click or tap here to enter text. |
| 1. Expiration date: | Click or tap here to enter text. |
| 1. Premium: | Click or tap here to enter text. |
| 1. Limit of liability: | Click or tap here to enter text. |

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| **Section 3: Operational Information** | |
| 1. Years in business at this location under current ownership: | Click or tap here to enter text. |
| 1. If under 2 years, give previous experience: | Click or tap here to enter text. |
| 1. Normal open and closing hours for each day of week: | Click or tap here to enter text. |
| 1. Does applicant have entertainment? If yes, explain: | Click or tap here to enter text. |
| 1. Receipts for on-sale operations in past 12 months (list dollar amount for each location where coverage is requested): | Click or tap here to enter text. |
| 1. Estimated receipts for on-sale operations next 12 months (list dollar amount for each location where coverage is requested): | Click or tap here to enter text. |
| 1. Receipts for off-sale operations in past 12 months (list dollar amount for each location where coverage is requested): | Click or tap here to enter text. |

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| **Section 4: Loss Control Information** | |
| 1. Has the applicant or any employee, officer, or licensee incurred any claim for liquor liability in the past 5 years? If yes, please explain: | Click or tap here to enter text. |
| 1. Is the applicant aware of any incidents which may lead to a claim? | Click or tap here to enter text. |
| 1. Has the applicant, or any owner, partner, officer, or member of licensee, ever had a licensing e revoked, refused, or suspended? If yes, give details: | Click or tap here to enter text. |
| 1. Has applicant or employee ever been fined or cited for violations of a law or ordinance relating to sale of alcohol (e.g., after hour sales or selling to a minor)? If yes, explain: | Click or tap here to enter text. |
| 1. Have there been any fights or assaults inside or outside the location among patrons in the past year? If yes, give details: | Click or tap here to enter text. |
| 1. Have there been any incidents of any employee, officer, or licensee using reasonable force to remove patrons? If yes, explain: | Click or tap here to enter text. |
| 1. Are there procedures for documenting incidents? If yes, explain: | Click or tap here to enter text. |
| 1. Is the member currently selling, or planning to sell, any cannabis or THC products (e.g. edibles, infused drinks)? | Click or tap here to enter text. |
| 1. Does the applicant provide for their employees to receive formal training in the following areas (check all that apply)? | Operations  Handling of minors  Handling of intoxicated customers |
| 1. How often is the training done? | Click or tap here to enter text. |
| 1. Who provides the training? | Click or tap here to enter text. |
| 1. Does the applicant provide any additional training? If yes, please explain: | Click or tap here to enter text. |
| 1. What is the turnover rate of bartenders? | Click or tap here to enter text. |

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| **Section 5: Special Events** | |
| 1. Do you have any special events sponsored and controlled by the liquor store? If yes, please describe:   *Coverage is excluded. An endorsement is necessary. Please let LMCIT know if you want coverage.* | Click or tap here to enter text. |
| 1. Do you have any other special events that are not sponsored or controlled by the liquor store? If yes, explain:   *Coverage is excluded. An endorsement is necessary. Let LMCIT know if you want coverage.* | Click or tap here to enter text. |
| 1. Estimated receipts for special events next 12 months (also list number of days for each event): | Click or tap here to enter text. |



Signature of authorized representative:

Printed name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.

[Email completed form to your city’s underwriter](https://www.lmc.org/contact/) or fax to 651.281.1298.