



## Minnesota Liquor Liability Application Supplement

<b>APPLICANT</b>	<b>LICENSEE</b>
OWNER OF BUILDING (LESSOR) NAME	NAME
ADDRESS	ADDRESS
TYPE OF RISK: <input type="checkbox"/> RESTAURANT <input type="checkbox"/> TAVERN <input type="checkbox"/> PACKAGE STORE	ENTITY IS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER _____
POLICY PERIOD:  FROM _____ TO _____	APPLICANT IS: <input type="checkbox"/> OWNER OF PREMISES <input type="checkbox"/> TENANT

### ENTERTAINMENT

IS ENTERTAINMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> LIVE ENTERTAINMENT <input type="checkbox"/> BAND <input type="checkbox"/> DISC JOCKEY <input type="checkbox"/> TOPLESS <input type="checkbox"/> JUKE BOX <input type="checkbox"/> OTHER _____	HOW MANY DAYS PER WEEK?
IS DANCING ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> ROCK AND ROLL <input type="checkbox"/> COUNTRY WESTERN <input type="checkbox"/> OTHER _____	
ARE THERE AMUSEMENT DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE: <input type="checkbox"/> VIDEO GAMES    HOW MANY? _____ <input type="checkbox"/> POOL TABLES    HOW MANY? _____ <input type="checkbox"/> OTHER _____	
DOES THE INSURED EMPLOY BOUNCERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?	

### CLAIMS HISTORY

HAS THE LICENSEE APPLICANT'S LIQUOR LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE DETAILS BELOW.
HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELLED OR DECLINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE DATE, DETAILS, ETC. BELOW.
HAS THE APPLICANT OR ESTABLISHMENT HAD ANY CLAIMS OR SUITS PRESENTED, OR KNOW OF ANY INCIDENTS THAT COULD LEAD TO A CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE FULL DETAILS OR CIRCUMSTANCES, INCLUDING PAYOUTS AND RESERVES ON EACH CLAIM.

### PRIOR/CURRENT LIQUOR LIABILITY CARRIER INFORMATION — THIS SECTION MUST BE COMPLETED

FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$

### FOOD RECEIPTS

LAST YEAR	ANTICIPATED
\$	\$

### BEER, WINE, AND LIQUOR RECEIPTS

LAST YEAR	ANTICIPATED
\$	\$

### LIMIT OF LIABILITY

<input type="checkbox"/> 50/100/10/50/100/300 <input type="checkbox"/> 100/100/100/100/100/300	HAS AGENT INSPECTED APPLICANT'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CONDITION OF RISK: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
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### AGENT

SIGNATURE
AGENCY NAME/CODE

### INSURED

SIGNATURE	
TITLE	TELEPHONE