

# ROCHESTER

City of Rochester  
Minnesota  
Office of the City Clerk

## CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, a binder, or TBA.

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

Minn. Stat. 340A.409: Liquor Liability insurance policy number must be included on certificate with coverage dates identical to the license period (4/1/2018-3/31/2019) or must state: "Coverage is continuous until cancelled."

**Minimums:**

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.															
<b>IMPORTANT:</b> 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).															
<b>PRODUCER</b> Agency Address City, State, Zip	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="border: none; text-align: center;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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<b>INSURED</b>  Legal Name and DBA here Premises address															

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;"> <thead> <tr> <th style="width: 5%;">INSR</th> <th style="width: 35%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADD/CHG/DELSUBR (INSR) (W/D)</th> <th style="width: 15%;">POLICY NUMBER</th> <th style="width: 10%;">POLICY (MM/DD/Y)</th> <th style="width: 10%;">POLICY (MM/DD/Y)</th> <th style="width: 25%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td></td> <td> <b>GENERAL LIABILITY</b>  <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR            GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC         </td> <td></td> <td></td> <td></td> <td></td> <td>           EACH OCCURRENCE            MED EXP (Any one person)            PERSONAL &amp; ADV INJURY            GENERAL AGGREGATE            PRODUCTS - COM/PROP AGG         </td> </tr> <tr> <td></td> <td> <b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO  <input type="checkbox"/> ALL OWNED AUTOS  <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED         </td> <td></td> <td></td> <td></td> <td></td> <td>           COMBINED SINGLE LIMIT (Per accident)            BODILY INJURY (Per person)            BODILY INJURY (Per accident)            PROPERTY DAMAGE (Per accident)         </td> </tr> <tr> <td></td> <td> <b>UMBRELLA LIAB</b>  <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> CLAIMS-MADE            DED: RETENTION \$         </td> <td></td> <td></td> <td></td> <td></td> <td>           EACH OCCURRENCE            AGGREGATE         </td> </tr> <tr> <td></td> <td> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>            ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)            If yes, describe under DESCRIPTION OF OPERATIONS below         </td> <td>Y/N</td> <td>N/A</td> <td></td> <td></td> <td>           WC STATUTORY LIMITS            OTHER            E.L. EACH ACCIDENT            E.L. DISEASE - EA EMPLOYEE            E.L. DISEASE - POLICY LIMIT         </td> </tr> <tr> <td></td> <td>           Liquor Liability must be explicitly listed         </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	INSR	TYPE OF INSURANCE	ADD/CHG/DELSUBR (INSR) (W/D)	POLICY NUMBER	POLICY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/PROP AGG		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED					COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$					EACH OCCURRENCE AGGREGATE		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		Liquor Liability must be explicitly listed							
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																																												

<b>CERTIFICATE HOLDER</b>  City of Rochester should be listed as a certificate holder, and must receive notice from the insurance company at the same time a cancellation request is received from or a notice is sent to the insured.	<b>CANCELLATION</b>  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
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Original Signature or stamp of agent. →

## REQUIREMENTS FOR LIQUOR LIABILITY INSURANCE CERTIFICATE