## LIQUOR LIABILITY

## MINNESOTA JOINT UNDERWRITING ASSOCIATION

CERTIFICATE OF INSURANCE

12400 PORTLAND AVE S, STE 190

BURNSVILLE, MN 55337

This certificate of insurance is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed below.

Policy Number:

L150279

Policy Period: FROM 6/17/2015 TO 4/30/2016

12:01 AM Standard Time

INSURED:

AGENT:

780

BH&M, INC.

BORNS DUTCH BAR 899 RICE STREET ST. PAUL MN 55117 MJUA

12400 PORTLAND AVE S, STE 190

BURNSVILLE, MN 55337

PHONE: 952/641-0260

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## THE MJUA IS PROHIBITED BY STATUTE FROM PROVIDING PRODUCTS AND COMPLETED OPERATIONS COVERAGE NEW POLICY

## LIQUOR LIABILITY

This is an audited policy and premium adjustments are made at the end of the policy period.

This is to certify that the Policy described herein has been issued to the Insured named above and is in force at this time. Notwithstanding any requirement, term or condition of any Policy or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the Policy described herein is subject to all terms, exclusions and conditions of such Policy.

The Described Location(s) covered by this policy are as follows:

899 RICE STREET, ST PAUL, MN 55117

COVERAGE		LIMIT	
			***************************************
Deductible Amount: NONE			
L. Bodily Injury	(Each Person)	\$50,000	
	(Each Occurrence)	\$100,000	
Property Damage	(Each Occurrence)	\$10,000	
Loss of Means of Support	(Each Person)	\$50,000	
	(Each Occurrence)	\$100,000	
Pecuniary Loss	(Each Person)	\$50,000	
	(Each Occurrence)	\$100,000	
Annual Aggregate		\$300,000	
Per Claimant		NONE	

Business Description: BAR - LONG TERM, LIQUOR

LIQUOR LIABILITY

Certificate Holder:

CITY OF ST. PAUL 375 JACKSON ST, STE 220

ST PAUL MN 55101

Should the above policy be cancelled before the expiration date thereof, the Association will endeavor to mail 60 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Association. In the event the cancellation is for non payment of premium, the Association will mail a 10 day written notice.

6/17/15
COUNTERSIGNATURE DATE

\* CERTIFICATE HOLDER \*

OUR AUTHORIZED REPRESENTATIVE

4/30/96

6/17/15