



**Illinois
Casualty
Company**

225 20th Street, Rock Island, IL 61201 • (309) 793-1700 • (800) 445-3726 • www.ilcasco.com

Date: February 23, 2023

Agency: North Risk Partners, LLC

Attention: Joseph Larson

Enclosed Quotes(s):

LQ1509296 Liquor Liability

Named Insured(s): City of Marshall

Location(s) of Risk: 1 - 1410 Boyer Dr, Marshall, MN 56258 (Lyon County)

Any deletion or modification of coverage may not be directly proportional to the premium charge shown on the quotation. Please contact your Underwriter for a revised quotation if any coverages are deleted or modified.

Quotation(s) expire thirty (30) days from the indicated effective date shown on the quotation(s).

For any questions, please contact us immediately.

Holly Edmunds
Underwriter



GENERAL INFORMATION

Quote Subject to Satisfactory Inspection and Verification of Loss History.

NOTE: An original, signed APPLICANT'S AGREEMENT TO THE INSURANCE APPLICATION(S) is required for each named insured before a policy can be issued.

LIQUOR LIABILITY INFORMATION

COVERAGE

Coverage includes common law coverage for the injuries that occur in state and out of state. "Owners" of premises automatically qualify as insureds.

UNDERWRITER COMMENTS

Revised quote # 2

Expiration date was amended

Payment plan was amended

The named insured must match the liquor licensee name. I show the licensee name as Marshall Municipal Liquor Store. Please advise if changes are needed.



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BIND ORDER
Named Insured: City of Marshall

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BIND AND ISSUE EFFECTIVE DATE: _____

LIABILITY OPTION:	<input type="checkbox"/> LQ1509296 <i>with liability option:</i> <input checked="" type="checkbox"/> 1000
<i>Limits shown in thousands</i>	

ISSUE:	<input type="checkbox"/> As Quoted <i>or</i> <input type="checkbox"/> With the Following Coverage Changes:

Expected Premium After Coverage Changes: _____	

PAYMENT OPTIONS:	1. SELECT BILLING PLAN <input type="checkbox"/> All <input type="checkbox"/> By Policy <input type="checkbox"/> Policies <input type="checkbox"/> LL <input type="checkbox"/> [] 60% down, 40% at 2 months <input type="checkbox"/> [] One payment per policy term
*Payment Options: Website: www.ilcasco.com Automated System: (855) 729-2422 Mobile App: ICC2GO Billing Representative: (309) 793-1700 ext. 808 Mail: PO Box 4208, Rock Island, IL 61204-4208	2. SELECT PAYMENT METHOD <input type="checkbox"/> ACH (Automatic Withdrawal) (Funds will be withdrawn around due date.) (A completed Direct Bill ACH Enrollment & Authorization Form is attached.) <input type="checkbox"/> OTHER (See *Payment Options)
	3. SELECT DOWN PAYMENT METHOD (Down Payment is due at the time of binding) <input type="checkbox"/> ACH (Automatic Withdrawal) (Funds will be withdrawn around effective date.) (A completed Direct Bill ACH Enrollment & Authorization Form is attached.) <input type="checkbox"/> OTHER (See *Payment Options)

BILLING STATEMENT OPTIONS:	<input type="checkbox"/> Email	Email Address: _____
		(If the billing address is different from the mailing address on the policy)
<i>Please choose one option</i>	<input type="checkbox"/> Mail	C/O: _____
		Address: _____
		City/State/Zip: _____

SIGNATURE: _____
 Signature of Producer _____ Date _____

DID YOU KNOW?

Through ICC's policyholder website, you can

- ✓ View your account(s) and policy documents
- ✓ Pay your bill
- ✓ Report a claim
- ✓ View claim status
- ✓ Submit service receipts
- ✓ View and submit audit documents

FREE
access to

Employment Law Advice
and Support Resources

Cyber Protection
Resources

Visit www.ilcasco.com and click on *Policyholders* to get started



You can also make a payment and report a claim on ICC's mobile app: *ICC2Go*
Available on Google Play and the App Store



**APPLICANT'S AGREEMENT
SUPPLEMENT TO THE INSURANCE APPLICATION(S)**

This supplement is made part of the Applicant Information Section of the ACORD Commercial Insurance Application, the ACORD Business Owners Application, the ACORD Workers Compensation Application, any other Commercial Insurance Application acceptable to Illinois Casualty Company (including, but not limited to, any Liquor Liability Application), AND all sections, addendums, and memorandums attached thereto or later provided.

The signing of this supplement does not constitute a binder of insurance. However, the applicant agrees that the statements made in the application process and all subsequent documentation / information (including, but not limited to the ICC Renewal Information form) provided to Illinois Casualty Company are the applicant's agreements and representations. These representations include, but are not limited to, a full and true description and statement of the condition, situation, value, encumbrance, occupancy and title of the property proposed to be insured as well as a complete description of ALL operations necessary and / or incidental to the applicant's business. Applicant further agrees to notify Illinois Casualty Company of any change thereto. Any policy will be issued in reliance upon the truth of such representations. It is further understood and agreed that no insurance is effective under this agreement (A) unless a binder of insurance is issued designating Illinois Casualty Company has accepted this application and the binder is signed by an authorized agent of Illinois Casualty Company or (B) until the date the policy is issued by Illinois Casualty Company.

APPLICANT / NAMED INSURED (please print): **City of Marshall**

Signature of Authorized Representative

Date _____

Printed Name of Authorized Representative

Title of Authorized Representative

Witness Signature

Date _____

Printed Name of Witness



Account Information:

ICC Account #: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____
Email Address: _____

Financial Institution Information:

Name: _____
Phone Number: _____
Routing Transit Number: _____ (always 9 digits)
Account Number: _____

Please Select All that Apply: Checking Account Savings Account
 Commercial/Business Personal

Authorization:

I/We authorize Illinois Casualty Company (ICC) to process debit entries for amounts due on our regular and audit direct bill accounts, from the bank account and financial institution designated above. I recognize that if I fail to provide complete and accurate information on this enrollment form, the processing of the enrollment may be delayed or made impossible, or my electronic payments may be erroneously made, possibly causing my policy/policies to be cancelled for nonpayment of premium, or my account to incur late fees and/or other applicable charges.

If I decide to change or revoke this authorization, I recognize that I must request and submit a Direct Bill ACH Withdrawal Form to Illinois Casualty Company revoking the ACH authorization. If the information I have provided on this authorization changes, I understand that I must forward a new Direct Bill Enrollment Form to ICC providing the correct information. (The change or revocation is effective on the day ICC processes the request or a future date specified by you.)

Signature: _____ Printed Name: _____
Title: _____ Date: _____ / _____ / _____

***** Please include a copy of a voided check with this enrollment form *****

Fax: (309) 793-1707
Email: Billing@ilcasco.com

NEW BUSINESS QUOTATION

Insurance Proposal for:

City of Marshall

Presented by:

Mr. Joseph Larson

North Risk Partners, LLC

These materials provide a brief overview of insurance protection that may be provided by Illinois Casualty Company. Given the space limitation, a complete analysis of each and every policy term, condition, exclusion or other provision cannot be provided. These materials are subject to the terms of the actual insurance policy or policies issued. Please read your entire policy or policies issued. Contact your insurance agent with any questions.

Any deletion or modification of coverage may not be directly proportional to the premium charge shown on the quotation. Premiums by premises are included for allocation purposes only.



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YOUR SUPPORT IS NEEDED!



The Minnesota Licensed Beverage Association is an advocate for retail business engaged in the sale and/or service of beverage alcohol.

MINNESOTA LICENSED BEVERAGE ASSOCIATION

Members make the Minnesota Licensed Beverage Association (MLBA) an effective advocate. With a diverse, active membership involved in the policymaking process, MLBA's positions can truly represent an industry point of view.

The Minnesota Licensed Beverage Association is an advocate for retail businesses engaged in the sale and/or service of beverage alcohol. A not-for-profit business trade association, the MLBA:

- ◆ Is a positive force on important issues like Dram Shop, wine in grocery, increasing alcohol taxes, mandatory stings, lowering blood alcohol levels, gambling and many others.
- ◆ Is a solid communications network designed to keep members abreast of the latest issues, hot topics and new ways to grow their business.
- ◆ Provides members with opportunities to receive free or "cost only" SALES (Selling Alcohol Legally, Effectively and Safely) server training, which has become the industry standard for on and off sale training certifications.
- ◆ Communicates with their members more than any other association in the liquor industry. Members receive monthly publications. Bi-monthly issues of PROOF magazine and Bi-monthly issues of our newsletter titled Rough Draught which keeps you informed about the liquor industry.
- ◆ Your MLBA membership also supports an affiliation with the American Beverage Licensees in Washington, D.C., ensuring members are represented by lobbyists at the highest levels of government.



Illinois Casualty Company is endorsed by the MLBA as the preferred provider of insurance protection for its members. As an insurer of taverns, restaurants, package liquor stores, private clubs and banquet facilities, our successes are dependent upon the successes of your industry.

As an MLBA member, you may qualify for a premium savings of up to 20% on your liquor liability insurance - ask your Illinois Casualty Company Agent for details.*

If you are already a member, thank you for your support! If you are not a member, JOIN TODAY via the attached membership application.

*You must be an active MLBA member by the effective date of the policy.



Minnesota Licensed Beverage Association - Membership Application -



Yes, I want to join MLBA to be eligible for all MLBA Member Benefits & Programs

Your Name: _____

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Membership Dues:

Annual membership dues as follows:

- On and Off-Sale: \$360**
- Additional Sites: \$240**
(attach additional site information)
- Allied Business Members \$499**
(non-license holders)

Up to 80% of your membership dues are tax deductible. MLBA is a 501(c)6 trade association.

Please complete this form and to pay by credit card or to sign up for automatic monthly dues payments, fill out the appropriate boxes on the right.

- Credit Card Info -

(Fill out this section if you would like to pay with credit card)

Membership Dues

Members of the Association shall pay yearly dues of:

- On and Off-Sale: \$360**
- Additional Sites: \$240**
- Allied Business Members (non-license holders): \$499**

Card Type: **Visa;** **M/C;** **Disc;** **Amex**

Name on Card: _____

Card Number: _____

State: _____

Expiration Date: _____

Address Associated w/Card: _____

Zip Associated w/Card: _____

Security Code on Back of Card: _____

Signature: _____

- Automatic Monthly Dues -

(Fill out if you want automatic monthly bank withdrawal.)

Authorization for automatic monthly payments on the first business day of each month:

- On and Off-Sale Members: \$30.00 / month**
- Additional Sites are just: \$20.00 / month**
- Allied Business Members: \$41.58 / month**

Name of Bank: _____

Checking Acct Number: _____

- or -

Savings Acct Number _____

Routing Number: _____

Signature: _____

Date: _____

I authorize the Minnesota Licensed Beverage Association and the bank named above to initiate variable entries to my checking/savings account. This authority will remain in effect until I notify MLBA or the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying MLBA or my bank 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 48 days after posting, whichever occurs first. [Complete the form above or sign it and attach a voided check]



Quote #:	LQ1509296	Proposed Effective Date:	March 1, 2023
Quote Date:	February 23, 2023	Proposed Expiration Date:	October 1, 2023
Named Insured(s): City of Marshall			

LIQUOR LIABILITY Illinois Casualty Company

<u>Description</u>	<u>Limits of Insurance</u>
	<u>Option 1</u>
Each Common Cause Limit	\$1,000,000
Aggregate Limit	Unlimited

Premises 1 *1410 Boyer Dr, Marshall, MN 56258
Lyon County*

	<u>Premium</u>
Food receipts: \$0	
Liquor receipts: \$6,307,280	<u>Option 1</u>
Other receipts: \$128,720	\$1,243
Total receipts: \$6,436,000	

Coverages Provided

<u>Description</u>	<u>Premises</u>	<u>Option 1</u>	<u>Premium</u>
Certified Terrorism Coverage	All	Included	

Other Liquor Liability Endorsements

<u>Description</u>	<u>Premises</u>	<u>Option 1</u>	<u>Premium</u>
Caterer	1	\$377	
Amendment of Cancellation and Nonrenewal Provisions	All	Included	

(*) - Items automatically added or changed by ICC.

(**) - Items requested to be added or changed.

PREMIUM TOTALS

	<u>Option 1</u>
<i>Minimum Applicable Total Premium:</i>	\$400
TOTAL PREMIUM:	\$1,620

Potential premium savings* as a member of the &state_lba	\$323
Total Annual Premium with maximum MLBA credit applied:	\$1,297

* Members of the MLBA may qualify for a premium credit of up to 20%, dependent upon answers to the MLBA Questionnaire and applicable minimum premiums; the credit shown above is the maximum premium credit available - actual premium credit that will be applied may be less.

(*) - Items automatically added or changed by ICC.

(**) - Items requested to be added or changed.

NOTICE OF TERRORISM COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from "certified acts of terrorism", as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States (U.S.) Government by coercion.

You should know the terrorism coverage offered under this policy excludes "certified acts of terrorism" involving nuclear, biological, chemical or radiological terrorism.

You should know that where coverage is provided by this Policy for losses resulting from "certified acts of terrorism", such losses may be partially reimbursed by the U.S. Government under a formula established by federal law. However, your Policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the U.S. Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage, as provided, for "certified acts of terrorism" is: \$0.00 (zero).



Name of applicant/insured: _____

The applicant/insured must be a member of the Minnesota Licensed Beverage Association.

As a member of the ICC MLBA Safety Group, the following loss control program measures as described are in place for the responsible selling and/or serving of beverage alcohol:

(1) Formal Training

- (a) Employees receive a certificate of completion from Selling Alcohol Legally, Effectively, and Safely (SALES) or a comparable certification program. Yes No

If yes, at this time _____ employees have certificates in the following positions (show number of certificate holders per position):

_____ owner(s) _____ manager(s) _____ bartender(s)
 _____ waitstaff _____ security _____ other: _____

- (b) Total number of employees (all full-time and part-time), regardless of responsibilities, per position are:

_____ owner(s) _____ manager(s) _____ bartender(s)
 _____ waitstaff _____ security _____ other: _____

(2) The MLBA member has a formal policy for the following:

- (a) Selling or serving beverage alcohol to those who appear intoxicated? Yes No

If yes, describe: _____

- (b) Age identification? Yes No

If yes, describe: _____

- (c) Fight prevention and/or fight control if a disturbance occurs? Yes No

If yes, describe: _____

- (d) Designated driver program? Yes No

If yes, describe: _____

- (e) Calling a taxi or providing rides for those who appear intoxicated? Yes No

If yes, describe: _____

(f) Collection of information (e.g., date, time, witnesses, etc.) when an incident (e.g. fight, refusal of service, etc.) takes place? Yes No
If yes, describe: _____

(g) Coffee and food are always available. Yes No
If yes, describe: _____

(3) Security

(a) Are security cameras present? Yes No
If yes, cameras provide coverage of...
the interior, public areas only Yes No
the interior, all areas including employee only areas & storage Yes No
the exterior, entrance or limited coverage only Yes No
the exterior, full coverage including all parking lot(s) areas Yes No
Back-up tapes/discs are kept for _____ before the
tapes/discs are erased, copied over, discarded or destroyed.

(b) Are persons or organizations hired/engaged to provide security to the operations? Yes No
If yes ...
employees are hired/engaged? Yes No
independent contractors are hired/engaged? Yes No
There is a formal policy established regarding authority and use of reasonable force. Yes No
If yes, describe: _____

Attach copies of any written procedures that are in place for the responsible selling and/or serving of alcoholic beverages.

Printed name of Authorized Representative

Date

Signature of Authorized Representative

Title

I certify that the above described loss control measures are in place for the responsible selling and/or serving of beverage alcohol. I further certify that the applicant/insured stated above is a member in good standing of the Minnesota Licensed Beverage Association as of this date.