

SAMPLE – LIQUOR Insurance Certificate

Date certificate is issued ↓

Certificate of Liability Insurance		Date (mm/dd/yy)
Producer ABC Insurance Agency, Inc. 123 Main St. City/Town, State ZIP Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx	Insurers Affording Coverage	
Insured <div style="border: 2px solid black; padding: 5px; margin: 5px;"> Legal Name of Business Name on License Business Address City/Town, RI ZIP </div>	Insurer A: XYZ Insurance Company Insurer B: Insurer C: Insurer D:	

Insured name and address must match the legal name and business location address listed on the Liquor License Application

Insurer must be authorized to insure in Rhode Island

Coverage's

INSR LTR	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits
A	<input type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability XXXXXXXXXXXX XXXXXXXXXXXX	AB1234567	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE PRODUCTS – COMP/OP.AGG PERSONAL & ADV INJURY EACH OCCURRENCE \$300,000 FIRE DAMAGE MED EXP
	Property Damage XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX				EACH OCCURRENCE \$300,000
	XXXXXXXXXX XXXXXXXXXX	Provide active policy number ↓	Must provide 1 year coverage – including or starting on the date of license issuance ↓		Liquor Liability insurance with limits of not less than \$300,000, per occurrence ↓
	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX				
	Worker's Compensation and Employers... Other				
B	<input checked="" type="checkbox"/> Liquor Liability	AB1234567	MM/DD/YY	MM/DD/YY	\$300,000

Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions

Legal Address (as shown on License),

← Include business address in description

Must indicate 30 day written notice to certificate holder ↓

CERTIFICATE HOLDER <div style="border: 2px solid black; padding: 10px; margin: 5px;"> City/Town Clerk's Office Address City/Town, RI ZIP </div>	Cancellation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT XXXXXXXXXXXX SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Municipality Name must be listed on the Certificate	Authorized Representative ABC Insurance Agency, Inc. <div style="border: 2px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> Signature from Authorized Rep. </div>