**IssuingCompanyP**

**LIQUOR LIABILITY DECLARATIONS**

POLICY NUMBER: PolicyNumberP

|  |  |
| --- | --- |
| **Retroactive Date (Claims-made Coverage Forms Only)** | |
| This insurance does not apply to "Injury" which occurs before the retroactive date, if any, shown below. | |
| Retroactive Date: |  |
|  | (Enter date or “None” if no retroactive date applies) |

|  |  |  |
| --- | --- | --- |
| **Limits Of Insurance** | | |
| Each Common Cause Limit | $ |  |
| Aggregate Limit | $ |  |

|  |  |  |
| --- | --- | --- |
| **All Premises You Own, Rent or Occupy** | | |
| Loc. No. | | Address of All Premises You Own, Rent or Occupy |
|  |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Classification And Premium** | | | | | | | |
| **Classification** | **Code No.** | | **Premium  Base** | **Rate** | | **Advance Premium** | |
|  |  | $ |  | $ |  | $ |  |
|  |  | $ |  | $ |  | $ |  |
|  |  | $ |  | $ |  | $ |  |
|  |  | $ |  | $ |  | $ |  |
|  |  | $ |  | $ |  | $ |  |
|  | Total Premium (Subject To Audit) | | | | | $ |  |

**These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

|  |
| --- |
| **Forms And Endorsements** |
| SEE FORMS SCHEDULE – MDIL 1001 |