



ILLINOIS LIQUOR LIABILITY APPLICATION

Quote Number _____

Desired Policy Period _____ to _____

LOCATION INFORMATION

Location Number _____

DBA Name _____

Federal Tax ID _____

License Name _____

License Number(s) _____

Type of License _____

Insured Name _____

Mailing Address _____

Location Address _____

County _____

Business Type _____

Liquor Receipts _____

Food Receipts _____

Number of Years Insured Has Been in Business _____

Number of Years at this Location _____

Days Per Week Open _____

Opening Time _____ ☐ AM ☐ PM

Closing Time _____ ☐ AM ☐ PM

Business Description _____

Type of Bar _____

Type of Clientele _____

Average Age of Clientele _____

DBA Name: _____

LOCATION INFORMATION (continued)

Type of Music	_____
Type of Entertainment	_____
Is entertainment provided more than two nights per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of Electronic/Mechanical Devices	_____
# of Pool Tables	_____
# of Video Games	_____
Number of Servers	_____
Number of Servers Who Have Completed Alcohol Server Training	_____
Describe the procedures in place to regulate the sale of alcohol to minors and persons under the influence:	

LIMITS OF LIABILITY DESIRED

<input type="checkbox"/> \$100,000 Combined Single Limits	<input type="checkbox"/> \$300,000 Combined Single Limits
<input type="checkbox"/> \$500,000 Combined Single Limits	<input type="checkbox"/> \$1 Million Combined Single Limits

PRIOR/CURRENT LIQUOR LIABILITY CARRIER INFORMATION

<u>Policy Period</u>	<u>Company</u>	<u>Limits</u>	<u>Premium</u>
From _____ to _____	_____	_____	_____
GL Carrier _____	WC Carrier _____	_____	_____

DBA Name: _____

HISTORY

If applicable, has the establishment ever been cited for violations of the liquor law? ☐ Yes ☐ No
If yes, give date, details, penalties, etc. below.

Has Liquor Liability coverage ever been cancelled or declined? ☐ Yes ☐ No
If yes, give date, details, etc. below.

Has the applicant or establishment had any claims or suits presented, or known of any incidents that could lead to a claim? ☐ Yes ☐ No

If yes, give full details or circumstances, including payouts and reserves on each claim.

SUPPLEMENTAL QUESTIONS

	Yes	No	Not Applicable
1. Does the insured's GL policy exclude assault and battery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the insured employ bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are firearms kept or carried on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the insured offer valet service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a cover charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is dancing allowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the risk located on or near a college campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a 'ride home' policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DBA Name: _____

Has Agent inspected applicants premises? ☐ Yes ☐ No

If yes, condition of risk: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

AGENT

(SIGNATURE)

Agency Name: _____

Address: _____

Phone: () _____

CPA/Accountant _____

Address: _____

Phone: () _____

INSURED

(SIGNATURE)

Title: _____

Date: _____

Phone: () _____