

LIQUOR LIABILITY POLICY APPLICATION

(If this is an application for a special event, a SPECIAL EVENT APPLICATION must be attached.)

I. APPLICANT INFORMATION SECTION

1. Named Insured

(a) Name of Liquor Licensee as shown on License: _____

(b) Type of license(s): _____ Expiration Date: _____ Closing Hour on license _____

(c) License # _____ Issued By: _____

(d) Applicant is: Individual Partnership Corporation Estate Trustee LLC Other _____

(e) DBA: _____

(f) Mailing Address: _____

(g) Premises Address: _____ County: _____

(h) Website Address: _____

(i) Multiple Locations: _____ County: _____

(j) Risk is located: inside outside corporate limits.

2. Owner of Property:

(a) Mailing Address: _____

(b) Lien holder of Property _____

II. COVERAGE REQUEST SECTION

3. Effective Date: _____ Expiration Date: _____

4. Limits of Liability:

Aggregate Limit: \$ _____

Split Limits	Injury, Each Person:	\$ _____	Injury, Each Occurrence:	\$ _____
	Injury to Means of Support or Loss of Society, Each Occurrence:	\$ _____	Damage, Each Occurrence:	\$ _____

Combined Single Limit: \$ _____

III. FINANCIAL CONDITION SECTION

5. Sales receipts for the past three years and projected:	20__	20__	20__	20__
Alcohol on site consumption	\$ _____	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____	\$ _____
Package alcohol	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

6. Any bankruptcy filed in past five (5) years? Yes No

(If "Yes", please give details) _____

7. How Many Years:

(a) Has Insured been at this location? _____

(b) Has Insured been in business? _____

(c) Experience of Owners/Managers in this industry? _____

IV. RISK CHARACTERISTICS SECTION

8. Property proximity to population center of 10,000 or more: _____ miles
9. Type of Risk:
- | | | | | |
|---|---|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult/Exotic entertainment | <input type="checkbox"/> Bar | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Caterer | <input type="checkbox"/> Country Club |
| <input type="checkbox"/> Drive thru operation | <input type="checkbox"/> Fraternal Club | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Nightclub | |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail/Package Store | <input type="checkbox"/> Other | _____ | |
10. Number of Employees:
- | | | | |
|-----------------------|------------------------------------|---------------|----------------|
| Bartenders _____ | Bouncers _____ | Doormen _____ | Managers _____ |
| Security Guards _____ | Servers of alcohol at tables _____ | | |
11. What type of background check is done on each new employee? _____
12. Alcohol awareness training completed:
- | | | | |
|-----------------------|----------------|---------------|----------------|
| Bartenders _____ | Bouncers _____ | Doormen _____ | Managers _____ |
| Security Guards _____ | Servers _____ | | |
13. Name of Program completed: _____
14. Do you contract out for security/bouncers? Yes No
(If "Yes", please attach a copy of a certificate of insurance documenting this.)
15. Are employees permitted to consume alcohol during work hours? Yes No
16. Patron base % by age:
- | | | | | |
|-----------|-------------|-------------|-------------|-----------|
| <21 _____ | 21-24 _____ | 25-30 _____ | 31-55 _____ | >55 _____ |
|-----------|-------------|-------------|-------------|-----------|
17. How many days per week is this Location open? _____
18. Hours of operation: Mon-Thurs _____ Fri _____ Sat _____ Sun _____
19. What hours is a Regular, Full-Time Manager on duty? _____
20. What hours is the Owner at this location? _____
21. How many years has the Manager worked at this establishment? _____
22. Are any guns kept on premises? Yes No
23. What is the distance to other liquor establishments? _____
24. Area the risk is located in is:
- | | | | |
|-------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential |
|-------------------------------------|--|-------------------------------------|--------------------------------------|
25. What size parking lot is provided for customers? _____ spaces
26. What is the capacity of premises? Bar area _____ Dining area _____
27. Is there a dance floor? Yes No
28. (If "Yes", how large? _____ square feet)
29. Does the risk provide cab assist to patrons? Yes No
(If "Yes", describe) _____
30. What is the cost of a drink? Beer _____ Wine _____ Mixed Drink/Whiskey _____
31. Does the establishment serve alcoholic beverages by the pitcher or two at a time? Yes No
32. Does the establishment have a Happy Hour or other promotional events? Yes No
33. (If "Yes", give details) _____

34. Does establishment offer:

- Multiple drink incentives (2 for 1) Yes No
- Drink specials before 4pm and/or after 7 pm Yes No
- Complimentary/all you can drink specials Yes No
- Flaming/ignited drinks Yes No
- Shooters Yes No
- Bring your own booze (BYOB) Yes No

(If "Yes" to any of the above, please describe each) _____

35. Does the Insured offer buffet/snacks during happy hour? Yes No

36. Is entertainment provided? Yes No

(Check all that apply):

- Band C&W* Dancing Dinner Music Disco DJ Jukebox
- Mosh Pits Piano Polka Pyrotechnics Rap Rock* Video
- Other

*Original music or cover band? _____

37. How many nights per week is entertainment provided? _____

38. Is there a cover charge? Yes No

39. (If "Yes", how much?) _____ Per person

40. Any amusement devices? (If "Yes", indicate each type below) Yes No

- Electronic Games Foosball, bowling, etc. Pool Tables
- Pinball Machines Mechanical Riding Devices Other (describe)

V. RISK HISTORY SECTION

41. Previous liquor liability carrier: _____ Policy # _____

42. Provide risks/claims experience for the past five (5) years:

	20__	20__	20__	20__	20__
Insurance Company	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Premium	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Losses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Loss description (indicate if assault and battery): _____

General Liability Carrier: _____ Limits: _____
 Policy Number: _____ Expires: _____
 Does GL carrier include or exclude assault and battery? Include Exclude

43. Have any citations been issued for liquor law violations in the past five (5) years? Yes No

(If "Yes", give details including dates, allegations and disposition): _____

VI. PREMIUM AND AUDIT INFORMATION SECTION

All premiums for this policy shall be computed in accordance with the Company's rules, rates, rating plans, premiums and minimum premiums applicable to the insurance afforded herein. Premium shown in this policy as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period.

Audit premiums are due and payable on notice to the first Named Insured. If the total earned premium for the Policy Period exceeds the estimated advanced premium paid, the Named Insured will pay the excess to us. If less, we will return to the Named Insured the unearned portion paid, but not less than the policy writing minimum premium.

I hereby apply to the Company for a policy of insurance as set forth in this Application on the basis of the statements contained herein. If any facts on the Application are found to be inaccurate, I agree that the premium may be increased from inception to reflect any incremental risk. I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. If a report is made, additional information as to the nature and scope of the report; will be provided upon written request. I agree to submit my records for audit by the Company upon termination or expiration of the policy for the determination of actual gross receipts during period of coverage if requested.

VII. ACCEPTANCE AND AVOIDANCE SECTION

I agree that such policy may be, in accordance with 215 ILCS 5/154 of the Illinois law, void in the event a misrepresentation, false warranty or condition has been stated in the policy, endorsement or rider attached thereto, or Application therefore, if the misrepresentation, false warranty or condition was made with actual intent to deceive or materially affects either the acceptance of the risk or hazard assumed by the Company.

VIII. AUTHORIZATION TO RELEASE INFORMATION SECTION

I hereby authorize the Company or its duly authorized representative to release any closed or pending claims information applicable to my liquor liability insurance.

IX. SIGNATURE SECTION

_____ Dated	_____ Signature of /Insured Applicant	_____ Title
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The undersigned hereby warrants and certifies that:

- a. All information contained herein is correct ;
- b. This form was completed and then signed by the Insured/Applicant;
- c. A completed copy hereof has been given to the Insured/Applicant; and
- d. The undersigned is retaining a duplicate signed copy hereof.

_____ Dated	_____ Signature of producing Agent	
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