

Producer Name _____
 Email _____
 Phone _____
 Address _____
 City _____

LIQUOR LIABILITY APPLICATION

Named Insured/Licensee _____
 Mailing Address _____ City _____
 County _____ State _____ Zip _____
 Legal Entity Individual Partnership Joint Venture Limited Liability Company Organization/Corporation
 Building Owner _____
 Mailing Address _____ City _____
 County _____ State _____ Zip _____
 Location Address _____ City _____
 County _____ State _____ Zip _____

1. Effective date: _____ Expiration date: _____
 2. Limits:
 \$150,000 Each Common Cause; \$300,000 Aggregate \$500,000 Each Common Cause; \$1,000,000 Aggregate
 \$300,000 Each Common Cause; \$600,000 Aggregate \$1,000,000 Each Common Cause; \$1,000,000 Aggregate
 3. Description of Business:
 Restaurant Caterer Hall Operator
 Tavern Package Liquor Store Golf Course
 Private Club (members only) Other
 4. Annual gross sales: Bar _____ Package Liquor _____ Food _____

5. Inside City Limits OR Outside City Limits
 6. Distance to nearest IL State line? _____ Miles
 7. Number of years in business: _____ Number of years at this location: _____ Seating Capacity: _____
 8. Has the liquor license been suspended or revoked? Yes No
 9. Previous Carrier: _____ Premium: _____
 10. Any Liquor Liability claims in the past 3 years? _____
 11. Does SIS write the supporting lines of business? Yes No
 12. Hours: Weekdays _____ Weekends _____ Seasonal (dates closed) _____
 13. Days of week open Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 14. Entertainment: (Check if applicable)
 DJ/live bands Number of time per week _____ Pool tables # _____
 Dance floor Exotic, topless, nude or similar type of dancing
 Other patron participation events? Explain _____
 15. Have there been any police calls to this establishment in the last 3 years? Yes No
 If yes, how many and reason for call _____
 16. Are there guns on premises? Yes No
 17. Are security or crowd control personnel (Bouncer)? Yes No
 Are they ever armed? Yes No

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant _____ Date _____ Signature of Agent _____