

Producer Name _____
 Email _____
 Phone _____
 Address _____
 City _____

SPECIAL EVENT 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. Number of days: _____ 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. Special event Host
 4. Number of people attending: _____ Approximate number of people who will consume alcohol: _____ Estimated Sales: _____

5. Inside City Limits OR Outside City Limits
 6. Distance to nearest IL State line? _____ Miles
 7. Is the Applicant obtaining a Temporary Liquor License for this event? Yes No
 8. Description of the event: _____

9. Who will serve the alcohol? _____
 10. How will the alcohol consumption be monitored? _____
 11. Has SIS written this event before? Yes No
 12. 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 _____
 13. Will there be security or crowd control personnel (Bouncer)? Yes No
 Will they be 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