

KELLY and ELLIOTT, LTD.

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APPLICATION FOR LIQUOR LIABILITY INSURANCE

TO OBTAIN A QUOTATION OR COVERAGE, ALL QUESTIONS MUST BE ANSWERED

1. EFFECTIVE DATE _____ 2. QUOTE? _____ 3. ISSUE? _____

4. ASSURED (LICENSEE) _____

MAILING ADDRESS _____

5. ASSURED (OWNER OF BUILDING) _____

MAILING ADDRESS _____

6. LOCATION OF RISK _____ COUNTY _____
HOW LONG IN BUSINESS AT THIS LOCATION? _____

7. ARE PREMISES LOCATED INSIDE / OUTSIDE (Circle One) CITY LIMITS?

8. CLASSIFICATION OF RISK (PLEASE CIRCLE): RESTAURANT - TAVERN - PACKAGE STORE - PRIVATE CLUB
DISTRIBUTOR - BANQUET HALL - CATERER - OTHER _____

9. HOURS OF OPERATION: MON. _____ TUES. _____ WED. _____
THURS. _____ FRI. _____ SAT. _____ SUN. _____

10. ESTIMATED ANNUAL RECEIPTS:
BAR \$ _____ PKG. \$ _____ FOOD \$ _____

11. IS LICENSE RESTRICTED TO BEER AND WINE ONLY? _____ SERVICE BAR? _____

12. IS THERE LIVE ENTERTAINMENT? _____ GIMMICKS? _____
POOL TABLES, ELECTRONIC GAMES, ETC.? _____

13. IF PRIVATE CLUB, IS THERE A HALL RENTED TO NON-MEMBERS? _____

14. PLEASE CIRCLE LIMIT OF LIABILITY DESIRED: \$300,000 CSL \$500,000 CLS
\$750,000 CSL \$1,000,000 CSL OTHER _____

15. HAS ANY COMPANY OR LLOYD'S CANCELLED OR REFUSED TO ISSUE OR RENEW LIQUOR LIABILITY
INSURANCE ON THIS RISK DURING THE LAST FIVE YEARS? _____

16. HAS THIS RISK EVER HAD ITS LICENSE REVOKED? _____

17. PRIOR CARRIER, POLICY NUMBER AND PREMIUM LAST FIVE YEARS _____

18. CLAIM RECORD LAST FIVE YEARS _____

19. IS LIMITED COMMON LAW COVERAGE DESIRED? _____ LIMITS: _____

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION:

AGENT OR BROKER: _____ DATE _____
ADDRESS _____