



GEO. F. BROWN & SONS, INC.
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ILLINOIS LIQUOR LIABILITY APPLICATION

Submit Application by Fax or Email: brokerage@gfbgroup.com

THIS APPLICATION IS NOT A BINDER OF COVERAGE

APPLICANT

OWNER OF BUILDING (LESSOR) NAME:

ADDRESS:

CITY:

STATE:

ZIP:

LICENSEE

NAME AS IT APPEARS ON THE LICENSE:

ADDRESS (RISK LOCATION):

CITY:

STATE:

ZIP:

COUNTY:

MAILING ADDRESS (IF OTHER THAN RISK LOCATION)

ADDRESS:

PHONE:

FAX:

WEBSITE:

LIQUOR LICENSE REQUIRES PREMISES TO CLOSE BY:

12:00 MIDNIGHT

2:00 A.M.

4:00 A.M.

5:00 A.M.

DAILY HOURS OF OPERATION:

MONDAY – THURSDAY

FRIDAY

SATURDAY

SUNDAY

TYPE OF LICENSE/RISK:

RESTAURANT

TAVERN

NIGHT CLUB

PRIVATE CLUB

SERVICE BAR ONLY

PACKAGE STORE

OTHER:

PROPOSED POLICY PERIOD: FROM: TO

APPLICANT IS INDIVIDUAL PARTNERSHIP CORPORATION OTHER

NUMBER OF YEARS PRESENT OWNER AT THIS LOCATION?

ENTERTAINMENT

IS ENTERTAINMENT PROVIDED? YES NO

IF YES, TYPE: LIVE ENTERTAINMENT BAND DISC JOCKEY TOPLESS JUKE BOX KARAOKE

HOW MANY DAYS PER WEEK?

IF OTHER, DESCRIBE:

IS THERE A DANCE FLOOR? YES NO IF YES, HOW LARGE? SQ. FT.

IS THERE A COVER CHARGE? (IF YES, HOW MUCH?) \$ PER PERSON

ARE THERE ANY AMUSEMENT DEVICES? YES NO

IF YES, TYPE: VIDEO GAMES – HOW MANY? POOL TABLES – HOW MANY?

OTHER – PLEASE DESCRIBE

UNDERWRITING INFORMATION

ANY Bouncers/I.D. CHECKERS? YES NO IF YES, HOW MANY?

IS THERE A GUN ON THE PREMISES? YES NO

ALCOHOL AWARENESS TRAINING COMPLETED:

BARTENDERS

Bouncers

DOORMEN

SERVERS OF ALCOHOL AT TABLES

MANAGERS

NAME OF PROGRAM COMPLETED:

GUEST CAPACITY: NO. OF PERSONS BAR AREA DINING AREA

PATRON BASE % BY AGE: 21-24 % 25-30 % 31-45 % 45+ %

INSPECTION CONTACT

NAME: PHONE:

RECEIPTS (12-MONTH PERIOD)					
FOOD		BEER, WINE AND LIQUOR CONSUMPTION ON PREMISES		PACKAGE LIQUOR	
LAST YEAR \$	ANTICIPATED \$	LAST YEAR \$	ANTICIPATED \$	LAST YEAR \$	ANTICIPATED \$
LIMITS OF LIABILITY					
<input type="checkbox"/> 100,000 CSL <input type="checkbox"/> 200,000 CSL <input type="checkbox"/> 300,000 CSL <input type="checkbox"/> 500,000 CSL <input type="checkbox"/> 1,000,000 CSL <input type="checkbox"/> 1,000,000 OCCURRENCE / 2,000,000 AGGREGATE					
CLAIMS HISTORY					
PRIOR/CURRENT LIQUOR LIABILITY CARRIER INFORMATION					
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM \$	
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM \$	
HAS THE APPLICANT OR ESTABLISHMENT HAD ANY CLAIMS OR SUITS PRESENTED OR KNOW OF ANY INCIDENTS THAT COULD LEAD TO A CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE FULL DETAILS OR CIRCUMSTANCES, INCLUDING PAYOUTS AND RESERVES ON EACH CLAIM.					
HAS THE APPLICANT'S LIQUOR LICENSE EVER BEEN REVOKED OR SUSPENDED? { YES { NO IF YES, GIVE DETAILS BELOW.					
HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELLED OR DECLINED? { YES { NO IF YES, GIVE DATE, DETAILS, ETC. BELOW.					
SIGNATURE SECTION					
DATED	SIGNATURE OF APPLICANT			TITLE	
THE APPLICANT 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 APPLICANT IS RETAINING A DUPLICATE SIGNED COPY HEREOF.					
DATED	SIGNATURE OF PRODUCER				
AGENCY NAME:					
PRODUCER:					
ADDRESS:					
CITY:			STATE:		ZIP:
PHONE:		FAX:		EMAIL:	