



1635 WEST NATIONAL AVENUE  
MILWAUKEE, WI 53204

# ILLINOIS LIQUOR LIABILITY APPLICATION SUPPLEMENT

<b>APPLICANT</b>	OWNER OF BUILDING (LESSOR) NAME	LIQUOR LICENSE REQUIRES PREMISES TO CLOSE BY: <input type="checkbox"/> 12:00 MIDNIGHT <input type="checkbox"/> 2:00 A.M. <input type="checkbox"/> 4:00 A.M.  OTHER: _____
	ADDRESS	
<b>LICENSEE</b>	NAME	TYPE OF RISK: <input type="checkbox"/> RESTAURANT <input type="checkbox"/> TAVERN <input type="checkbox"/> CLUB <input type="checkbox"/> PACKAGE STORE  OTHER: _____
	ADDRESS	POLICY PERIOD:  FROM _____ TO _____

## ENTERTAINMENT

IS ENTERTAINMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE:	<input type="checkbox"/> LIVE ENTERTAINMENT <input type="checkbox"/> BAND <input type="checkbox"/> DISC JOCKEY <input type="checkbox"/> TOPLESS <input type="checkbox"/> JUKE BOX <input type="checkbox"/> OTHER _____	HOW MANY DAYS PER WEEK?
IS DANCING ALLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE:	<input type="checkbox"/> ROCK AND ROLL <input type="checkbox"/> COUNTRY WESTERN <input type="checkbox"/> OTHER _____	
ARE THERE AMUSEMENT DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TYPE:	<input type="checkbox"/> VIDEO GAMES   HOW MANY? _____ <input type="checkbox"/> POOL TABLES   HOW MANY? _____ <input type="checkbox"/> OTHER _____	
DOES THE INSURED EMPLOY BOUNCERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?		

## CLAIMS HISTORY

HAS THE LICENSEE APPLICANT'S LIQUOR LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE DETAILS BELOW.	
HAS LIQUOR LIABILITY COVERAGE EVER BEEN CANCELLED OR DECLINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE DATE, DETAILS, ETC. BELOW.	
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.	

## PRIOR/CURRENT LIQUOR LIABILITY CARRIER INFORMATION — THIS SECTION MUST BE COMPLETED

FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$
FROM (MM/YY)	TO (MM/YY)	COMPANY	LIMITS	PREMIUM
				\$

## FOOD RECEIPTS

LAST YEAR	ANTICIPATED
\$	\$

## BEER, WINE, AND LIQUOR RECEIPTS

LAST YEAR	ANTICIPATED
\$	\$

## LIMIT 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	HAS AGENT INSPECTED APPLICANT'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, CONDITION OF RISK: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
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## AGENT

SIGNATURE
AGENCY NAME/CODE

## INSURED

SIGNATURE	
TITLE	TELEPHONE