

Buschbach Insurance Agency, part of the InsureOne Family
5615 W 95th Street
Oak Lawn, Illinois 60453-6504

Company _____

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LIQUOR LIABILITY APPLICATION

ORDER
 QUOTE ONLY

1. Licensee _____
2. Address _____
3. Building Owner _____
4. Address _____
5. Named insured is Individual Partnership Corporation Joint Venture Other _____
6. Policy Period: From: _____ To: _____
7. How many years of present ownership at this location? _____ How many prior years experience of Licensee: _____

8. COVERAGES AND LIMITS

LIQUOR LIABILITY: (Select Split Limits OR Combined Single Limit)

- Split Limits Combined Single Limit \$ _____
- B.I. One Person \$ _____
- B.I. One Occurrence \$ _____
- Means of Support \$ _____
- Property Damage \$ _____
- OUT-OF-STATE COVERAGE Combined Single Limit \$ _____
- PREMISES OPERATIONS/PRODUCTS LIABILITY Combined Single Limit \$ _____

9. Annual Gross Receipts:	Policy Year (Est.)	Last Year (Actual)
Food	\$ _____	\$ _____
Beverage	\$ _____	\$ _____
Package	\$ _____	\$ _____

10. Are sales confined to beer or wine only? Yes No

11. Classification of risk (check all applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Billiard/Pool Hall | <input type="checkbox"/> Nightclub | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Package Store | <input type="checkbox"/> With Lounge |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Private | <input type="checkbox"/> With Service Bar |
| <input type="checkbox"/> Dance Hall/Ballroom | <input type="checkbox"/> Private Club (VFW, Elks, American Legion,
Knights of Columbus, Shrine, etc.) | <input type="checkbox"/> Semi-private |
| <input type="checkbox"/> Discotheque | | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Hall Operators/Caterers | <input type="checkbox"/> Riverboat | <input type="checkbox"/> Wholesale Only |

12. Area of premises _____ Sq. Ft. Area of remainder of premises _____ Sq. Ft.
Description of remainder of premises (i.e. apts, stores, etc.) _____

13. Parking lot on premises? Yes No. If yes, number of spaces_____. Street Parking? Yes No

Public or other parking adjacent to insured premises? Yes No. Valet Parking? Yes No

14. Estimated percentage of patrons who live in the neighborhood and walk in?_____%.
15. Insured premises is **licensed** to close:_____

Hours of Operation: _____ a.m./p.m. to _____ a.m./p.m.

16. Are the premises inside corporate limit of city, town or village? Yes No.

If no, how far outside? _____
Is any adjacent county dry? Yes No. If yes, Name of County and State: _____

17. How many days per week are premises open for business?_____

18. Number of: Pool Tables Pinball Machines Jukeboxes Dart Lanes Shuffle Boards TV's
 Electronic Games Other (describe)_____

19. Is live entertainment provided? Yes No. If yes, how often?_____

Type? Piano Bar Vocalist Standup Comedians Bands of 3 persons or more Nudity

20. Is there a dance floor Yes No. If yes, area of dance floor_____ Sq. Ft. Raised Level

21. Unusual promotions? Yes No. If yes, Volleyball Basketball Mud Wrestling Bunge Jumping

Mechanical Bull Midget or Go-cart racing Swimming Pool or Lake Other (describe)_____

22. Has license ever been suspended or revoked? Yes No

23. Previous Carriers and Policy Numbers prior three (3) years:

24. Has any company cancelled or refused coverage during the past five (5) years? Yes No

Arising out of assault with a weapon. Arising out of customers and their automobiles.

Describe circumstance and amount paid._____

24. Other claims, describe circumstances and amount paid.

25. Remarks: _____

Broker:_____	Code: _____	Inspection Contact:_____
Phone No.:_____	Date: <u>4/16/20</u>	Phone No.:_____
SIGNATURE: <u>X</u>		<u>4/16/20</u>
Broker, Applicant		Date
IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE.		