UNDERWRITERS AT LLOYD'S, LONDON
APPLICATION FOR ILLINOIS LIQUOR LIABILITY INSURANCE

1) Insured (Licensee): _____

2) Desired Effective Date: _____

3) Limits Required (combined single limit): ___ $300,000 ___ $500,000 ___ $1,000,000
___ $2,000,000

4) Location of Risk: _____
_____

5) Are premises located within the designated City's limits? ___ Yes ___No

6) Mailing Address (if other than noted above): _____
_____

7) Name & Address of Building Owner: _____
_____
_____

8) Classification of Risk: ___Package Store ___Package/Tavern ___Private Club
___Restaurant ___Tavern ___Other (describe): _____

9) Licensed Closing Time: _____ Week Days _____ Weekends

10) Actual Closing Time: _____ Week Days _____ Weekends

11) Estimated Annual Gross Receipts:

	Next 12 months	Latest 12 months
Bar	$	$
Package	$	$
Food	$	$
Other (describe below)	$	$

_____

12) Entertainment? ___Yes ___No If yes, describe: _____

13) Number of years licensed at this location? _____

14) Prior Carrier & Premium: _____

15) Claims record past 5 years: _____

16) Has any company or Lloyd's canceled, declined or refused to renew liquor liability coverage on this risk during the past 5 years? ___Yes ___No

If yes, please explain: _____

17) Name & Phone number of inspection/audit contact: _____

18) Does Licensee operate at any other locations? ___Yes ___No

19) Is Limited Common Law Coverage desired? ___Yes ___No

Producer: _____

Applicant's Signature: _____ Date: _____