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ILLINOIS LIQUOR LIABILITY APPLICATION SUPPLEMENT

APPLICANT	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	
LICENSEE	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 <input type="checkbox"/> POOL TABLES <input type="checkbox"/> OTHER _____	HOW MANY? _____ HOW MANY? _____
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HAS THE LICENSEE APPLICANT'S LIQUOR LICENSE EVER BEEN REVOKED OR SUSPENDED?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