

Desired Policy Period: \_\_\_\_\_ to \_\_\_\_\_

### Location Information:

Location Number: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Licensee/Corp. Name: \_\_\_\_\_

Does applicant have a current liquor license? Yes No

If not, has applicant applied for a liquor license? Yes No

Type of License \_\_\_\_\_ LCC Business ID# \_\_\_\_\_

### Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Location Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Number of years in business: \_\_\_\_\_ Number of years at this location: \_\_\_\_\_

**If applicant has been in business less than two years, please provide detail on related experience for new owner or management:**

\_\_\_\_\_

\_\_\_\_\_

### Applicant operates as:

Restaurant

Grocery/Convenience/Liquor Store

Bar/Tavern

Winery

Microbrewery/Brew Pub

Tasting room? Yes No

Bowling Center

Distillery

Golf Course

Tasting room? Yes No

Private Club/Fraternal Organization

Manufacturer/Distributor

Caterer/Banquet Hall

Other (please describe) \_\_\_\_\_

Night Club

\_\_\_\_\_

Gentleman's Club

\_\_\_\_\_

### Hours of operation:

Monday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Description of Business Operations: \_\_\_\_\_  
\_\_\_\_\_

Alcohol Receipts: \_\_\_\_\_ Food/Other Receipts: \_\_\_\_\_

**The following section applies to ALL classes of business, including grocery/convenience/liquor stores**

Number of alcohol servers or clerks employed: \_\_\_\_\_

Number who have completed a State-approved alcohol awareness training program, such as T.I.P.S., T.A.M. or BASSETT (*Illinois Only*) within the past three years: \_\_\_\_\_ Name of program: \_\_\_\_\_

Has at least one supervisory staff person per shift been trained? Yes No

Does this establishment utilize an ID scanner or other Point-of-Sale age verification device? Yes No

If yes, what type of device? \_\_\_\_\_ Is there a "Ride Home" Policy? Yes No

Describe the procedures in place to regulate the sale of alcohol to minors and persons under the influence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Entertainment:** Yes No **Juke Box:** Yes No

Band type of music: \_\_\_\_\_ Number of days per week \_\_\_\_\_

DJ type of music: \_\_\_\_\_ Number of days per week \_\_\_\_\_

Dance Floor Number of days per week \_\_\_\_\_

Comedy Acts Number of days per week \_\_\_\_\_

Theater Performances Number of days per week \_\_\_\_\_

Other (*please describe*) Number of days per week \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is a theater or concert venue, what is the seating capacity? \_\_\_\_\_

**Amusement Devices:** (*check all that apply*)

None Dart Boards # \_\_\_\_\_

Pool Tables # \_\_\_\_\_ Mechanical Bull

Other (*please describe*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If alcohol receipts include sales for on-premise consumption as well as packaged sales for off-premise consumption, or sales for distribution/wholesale only (*for example wineries, microbreweries, distilleries, etc.*), please provide a breakdown of those sales:

On-premise consumption (*poured/bottled*): \_\_\_\_\_

Off-premise consumption (*packaged product for consumption off-premise*): \_\_\_\_\_

Sales for distribution/wholesale only (*not sold on-premise*): \_\_\_\_\_

## Limits Of Liability Desired

**\$50,000** each common cause, **\$50,000** annual aggregate

**\$100,000** each common cause, **\$100,000** annual aggregate

**\$300,000** each common cause, **\$300,000** annual aggregate

**\$100,000** Combined Single Limits

**\$300,000** Combined Single Limits

**\$500,000** Combined Single Limits

**\$1 MIL** Combined Single Limits

\* Limits over \$300,000 may be available on a selective basis

\* These limits available in Illinois only

## Prior/Current Liquor Liability Carrier Information

Please Provide Minimum Of Three Years Currently Valued Loss Runs (*Five Preferred*)

Policy Period	Company	Limits	Premium
From _____ to _____	_____	_____	_____
G/L Carrier _____	W/C Carrier _____		
G/L Limits: _____	Is Assault and Battery Excluded?	Yes	No
Assault and Battery Sub-limits (if any): _____			

## History

Has the establishment ever been cited by the Liquor Control Commission for violations of the liquor law?

Yes No

If yes, give date, details, penalties, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Liquor Liability coverage ever been cancelled?

Yes No

If yes, give dates, details, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant or establishment had any claims or suits presented, or known of any incidents that could lead to a claim?

Yes No

If yes, give date(s), details/circumstances, including any payments and reserves for each claim, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supplemental Questions

- |  |     |    |                |
|--|-----|----|----------------|
| 1. Does the insured employ bouncers?             | Yes | No | Not Applicable |
| 2. Are firearms kept or carried on the premises? | Yes | No | Not Applicable |
| 3. Does the insured offer valet service?         | Yes | No | Not Applicable |

*Continued ...*

- 4. Is there a cover charge? Yes    No    Not Applicable
- 5. Is the risk located on or near a college campus? Yes    No    Not Applicable
- 6. Are employees permitted to consume alcohol during their shift? Yes    No    Not Applicable
- 7. Does this establishment allow B.Y.O.B.? Yes    No    Not Applicable
- 8. Does this establishment allow drinking games (i.e. beer pong)? Yes    No    Not Applicable
- 9. Are mosh pits/stage diving/use of pyrotechnics allowed during or as a part of the entertainment? Yes    No    Not Applicable
- 10. Does this establishment have volleyball courts, softball diamonds, horseshoe leagues, etc? Yes    No    Not Applicable

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11. Does this establishment host or allow activities such as M.M.A. fights, cage fighting or other similar activities? Yes    No    Not Applicable

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has Agent inspected applicants premises?    Yes    No  
 If yes, condition of risk:    Excellent    Good    Fair    Poor

**Agent**

Signature: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Insured**

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

CPA/Accountant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**[Return to submissions@mackadmin.com](mailto:submissions@mackadmin.com)**  
 (810) 844-8106