



GUILD INSURANCE

AGENCY INC

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ILLINOIS LIQUOR LIABILITY APPLICATION

1. EFFECTIVE DATE _____ 2. QUOTE? _____ 3. ISSUE? _____
4. INSURED (LICENSEE) _____
MAILING ADDRESS _____
5. INSURED (OWNER OF BUILDING) _____
MAILING ADDRESS _____
6. LOCATION OF RISK _____
HOW LONG IN BUSINESS AT THIS LOCATION? _____ COUNTY _____
7. ARE PREMISES LOCATED INSIDE OUTSIDE (CHECK ONE) CITY LIMITS?
8. CLASSIFICATION OF RISK (PLEASE CHECK) RESTAURANT TAVERN PACKAGE STORE
 PRIVATE CLUB DISTRIBUTOR BANQUET HALL CATERER OTHER _____
9. HOURS OF OPERATION: MON. _____ TUES. _____ WED. _____ THURS. _____
FRI. _____ SAT. _____ SUN. _____
10. ESTIMATED ANNUAL BAR RECEIPTS: _____ INTERNET/CAT-
BAR \$ _____ PKG. \$ _____ FOOD \$ _____ ALOG SALES \$ _____
11. IS LICENSE RESTRICTED TO BEER AND WINE ONLY? _____ SERVICE BAR? _____
12. IS THERE ANY LIVE ENTERTAINMENT? _____
POOL TABLES, ELECTRONIC GAMES, ETC.? _____
13. IF PRIVATE CLUB, IS THERE A HALL RENTED TO NON-MEMBERS?: _____
14. PLEASE CHECK LIMIT OF LIABILITY DESIRED: \$300,000 CSL \$500,000 CSL \$1,000,000 CSL
 OTHER _____
15. HAS ANY COMPANY OR LLOYD'S CANCELLED OR REFUSED TO ISSUE OR RENEW LIQUOR LIABILITY INSURANCE
ON THIS RISK DURING THE LAST FIVE YEARS? _____
16. HAS THE RISK EVER HAD ITS LICENSE REVOKED? _____
17. PRIOR CARRIER, POLICY NUMBER AND PREMIUM LAST FIVE YEARS _____
18. CLAIM RECORD LAST FIVE YEARS _____
19. IS LIMITED COMMON LAW COVERAGE DESIRED? _____ LIMITS: _____
- NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION: _____

**INSURED'S
SIGNATURE &
DATE**

Required to issue policy

Producer: _____

TEL: _____

FAX: _____