



ILLINOIS CASUALTY COMPANY
 A Mutual Insurance Company
 225 20th Street, PO Box 5018, Rock Island, IL 61204-5018
 309-793-1700 800-445-3726 FAX: 309-793-1707

**APPLICATION FOR LIQUOR LIABILITY INSURANCE
 SPECIAL EVENT/HOST LIQUOR**

Agency Information	
Agency name:	Agency code:
Producer name:	CSR or other contact:

NOTE: All questions on this application must be answered in full. Any questions that are not applicable should be answered as such.

Applicant Information	
Name of Applicant:	
Mailing Address:	
County:	Phone number:
Email address:	
Website address:	
Does applicant have a liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no liquor license, is license applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no liquor license, is host coverage only requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a liquor license required for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policy Information	Issue policy <input type="checkbox"/> Quote Only <input type="checkbox"/>
Inception:	Expiration: Time of Day:
This policy will be written for a 24 hour period beginning 4 hours prior to the start of the event unless otherwise indicated.	
Limit of insurance , each common cause (\$150,000 minimum):	
Endorsements	
<input type="checkbox"/> Reporting Form	<input type="checkbox"/> Host or Sponsor
<input type="checkbox"/> Additional Interests – Describe:	
Name: _____	
Mailing address: _____	

Activity Information			
<input type="checkbox"/> Reception	<input type="checkbox"/> Fund raiser	<input type="checkbox"/> Meeting	<input type="checkbox"/> Reunion
<input type="checkbox"/> Festival	<input type="checkbox"/> Beer bash	<input type="checkbox"/> Birthday	<input type="checkbox"/> Other
<input type="checkbox"/> Concert	<input type="checkbox"/> Sporting event	<input type="checkbox"/> Anniversary	(describe)
Describe all festivities to be conducted including type of entertainment:			
Start time:		Ending time:	

Premises Information	
Physical address of the specifically described location(s) at which alcoholic beverages will be sold, served and/or furnished:	
Square footage of this establishment:	
Are any alcoholic beverages allowed to be brought onto the described premises at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	

Operations	
1. Type of entity:	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> Association	
<input type="checkbox"/> Other (describe): _____	
2. If a liquor license is required, is the name on the liquor license the same as the Applicant name? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain: _____	
3. Indicate type or class of license: _____ If license is for a specific period of time, please indicate: <input type="checkbox"/> One day <input type="checkbox"/> 5 day <input type="checkbox"/> 14 day <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	

Underwriting Information	
1. If this is an annual event, how many consecutive years has the event taken place?	
2. Have there been any liquor related claims or incidents in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full details on separate sheet and include: date of incident; claimants; extent of injuries; amount paid (if any); Insurer (if any).	
3. Is there or will there be an alcohol-without-liquid device on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have there been any police calls to the premises in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
5. Has previous liquor liability insurance coverage ever cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
6. Previous insurance carrier (if applicable): Limit: _____ Policy period: _____ Number of years insured: _____	
7. Does applicant currently have Annual Liquor Liability coverage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance carrier: _____	
8. Is General Liability insurance coverage carried? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance carrier: _____	
9. Is there security of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there any training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe training: _____	
10. How is occupancy monitored?	
11. Will underage patrons be allowed on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Describe age identification system: Indicate if none: _____	
13. Average age of attendees (indicate approximate percentage): Under 21 21 – 25 26 – 30 31 – 40 Over 40	
14. If event is a wedding, provide ages of: Bride Groom	
15. Estimated number of people in attendance:	
16. Quantity of alcohol: BEER: Number of cases Number of ¼ barrels Number of ½ barrels WINE/CHAMPAGNE: Number of bottles Number of cases LIQUOR: Number of bottles Number of cases	
17. Describe procedures for preventing over-consumption:	
18. Comments or remarks:	