

DONALD GADDIS CO., INC.

WHOLESALE INSURANCE BROKERAGE

Send to: submissions@gaddiscompany.com
(312)853-0071 | www.gaddiscompany.com

APPLICATION FOR ILLINOIS LIQUOR LAW LIABILITY

AGENCY (NAME/PHONE NUMBER): _____

EFFECTIVE DATE: _____ LIMIT REQUIRED: _____

LICENSEE:

LOCATION:

MAILING ADDRESS:

PREMISES OWNER:

MAILING ADDRESS:

CLASSIFICATION (bar, restaurant, club, store, hall/caterer – if other, please describe):

ANNUAL RECEIPTS (provide breakdown of liquor/food/package):

ANY RECEIPTS GENERATED FROM INTERNET OR CATALOG SALES? YES / NO
IF YES, PLEASE PROVIDE DETAILS/SALES ON A SEPARATE SHEET.

LICENSED CLOSING TIME:

ACTUAL CLOSING TIME:

ENTERTAINMENT (live music, DJ, dance floor, pool tables, etc.):

SQUARE FOOTAGE:

SECURITY INFORMATION (# OF BOUNCERS/DOORMEN):

NUMBER OF YEARS AT THIS LOCATION:

PRIOR CARRIER/PREMIUM:

HAVE THERE BEEN ANY CLAIMS IN THE LAST 3 YEARS? YES / NO
IF YES, PLEASE PROVIDE UPDATED LOSS RUNS & FULL CLAIM DETAILS.

HAS ANY COMPANY EVER CANCELLED OR NON-RENEWED? YES / NO
IF YES, PLEASE PROVIDE COMPLETE DETAILS ON SEPARATE SHEET.

IS COMMON LAW COVERAGE FOR OUT-OF-STATE CLAIMS DESIRED? YES / NO

SIGNATURE OF INSURED: _____ DATE: _____