

**FOUNDERS INSURANCE COMPANY**

1645 East Birchwood Avenue  
Des Plaines, IL 60018  
PHONE 847-768-0040 OR 800-972-8778 FAX 847-795-0061

**LIQUOR LIABILITY RENEWAL APPLICATION**

Producer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date: \_\_\_\_\_

**COVERAGES REQUESTED**

1. Effective Date: \_\_\_\_\_ TO \_\_\_\_\_ Policy # \_\_\_\_\_

2. Limits of Liability:

**COMBINED SINGLE LIMITS – Per Occurrence/Aggregate Limits**

\$300,000/\$300,000     \$300,000/\$600,000     \$500,000/\$1,000,000     \$1,000,000/\$1,000,000

**SPLIT LIMITS – Bodily Injury & Loss of Support-Per Person/Per Occurrence/Aggregate Limits**

\$50,000/\$100,000/\$300,000     \$100,000/\$300,000/\$300,000     \$300,000/\$300,000/\$300,000

\$500,000/\$500,000/\$500,000

**PROPERTY DAMAGE - \$10,000 Per Occurrence on all split limits shown**

**APPLICANT INFORMATION**

3. Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

4. Address of premises to be insured (if other than above)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

(If requesting coverage for more than one location, please complete a separate liquor liability app for each)

5. Will an additional insured be required for this applicant?     Yes     No

If yes, please list additional insureds name & address:

\_\_\_\_\_

6. Annual Receipts

Period	Food	On-Sale	Off-Sale
Expiring 12 months			
Estimated for next 12 months			

7. Promotions

Happy hours greater than 2 for 1, doubles or half priced drinks    Days per week \_\_\_\_\_

Pay per view events    Days per week \_\_\_\_\_

Pre-paid drink events    Days per week \_\_\_\_\_

- Flat fee "open bar" events Days per week \_\_\_\_\_
- Waitstaff with shots Days per week \_\_\_\_\_
- Beer tubs Days per week \_\_\_\_\_
- Funnel drinking Days per week \_\_\_\_\_

**Entertainment**

- Live entertainment Describe: \_\_\_\_\_ Days per week \_\_\_\_\_
- Dance floor
- Juke box
- Customer contests – Describe \_\_\_\_\_
- Other – Describe: \_\_\_\_\_

8. (a) Hours of operation

Mon _____ to _____	Fri _____ to _____
Tues _____ to _____	Sat _____ to _____
Wed _____ to _____	Sun _____ to _____
Thurs _____ to _____	

- (b) Beer and Wine only?  Yes  No
- (c) Bring your own bottle  Yes  No

9. Is applicant involved in, hosting or sponsoring special events?  Yes  No  
 If yes, special event supplement must be completed.

- 10. (a) Number of alcohol servers employed? \_\_\_\_\_
- (b) Number of servers currently employed who have completed T.I.P.S., T.A.M.S., or equivalent course within the last 12 months. \_\_\_\_\_
- (c) Are employees or other persons serving alcohol permitted to consume alcohol during their hours of Service? (If yes, not eligible)  Yes  No

- 11. Does applicant employ "bouncers" or other security personnel?  Yes  No
- If yes: (a) Do they carry weapons?  Yes  No
- (b) Are they allowed to consume alcohol?  Yes  No
- (c) Are they independent contractors?  Yes  No
- If yes: (a) Do you obtain a certificate of insurance  Yes  No
- (b) Name of security firm \_\_\_\_\_

12. Does applicant utilize surveillance cameras?  Yes  No

13. How many times have law enforcement officials been called to the applicant's establishment in the past 12 months? \_\_\_\_\_

14. Is applicant aware of any incident or circumstances which might lead to a claim or suit?  Yes  No  
 If yes, describe: \_\_\_\_\_

15. Has applicant been fine by or had any citations from the Liquor Control Commission in the past Year?  Yes  No If yes, describe: \_\_\_\_\_

**In** Submitting this Application, the undersigned certifies and agrees that:

a)The representations in this Application and all attachments are true and complete as of the date submitted;

b)Founders Insurance Company may, and is intended to, rely upon those representations in determining whether to issue insurance coverage and, if so, at what premium and upon what terms;

c) Upon any change in circumstances which bear upon the accuracy or completeness of the undersigned’s representations herein, he/she shall notify Founders Insurance Company immediately in writing and such notice shall become part of this application;

d) Founders Insurance Company may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this Application, it becomes aware of any such circumstances, whether by notice of the undersigned or otherwise;

e) The undersigned authorizes all former liability insurers and all accounting firms to disclose to Founders Insurance Company and/or it’s agents all available information concerning the undersigned’s prior underwriting or claims history and liquor purchases and receipts, and releases all such former liability insurers and accounting firms, Founders Insurance Company and it’s agents from any liability resulting from such disclosure and use, even if such information is incomplete or erroneous.

f) Upon submission of the Application and any time thereafter, the undersigned shall make available to Founders Insurance Company and it’s agents access to the premises and operations to be insured for an inspection and copies of the last four (4) calendar quarters of sales tax returns;

g) The submission of this Application shall not bind Founders Insurance Company or it’s agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage; and

h) Should Founders Insurance Coverage issue insurance coverage which is accepted by the undersigned:

- 1) the undersigned shall allow Founders Insurance Company to audit it’s books, records and operations, including an audit of the estimated liquor receipts to ensure their accuracy and/or the actual liquor receipts for any relevant time period;
- 2) the undersigned shall maintain accurate books and records of it’s liquor receipts for three (3) years following policy expiration and shall send to Founders Insurance Company copies of any documents requested.
- 3) the premium payable for the insurance coverage is a deposit premium only and may be adjusted by Founders Insurance Company at any time during the policy period and up to three years after it’s expiration based upon the rates in effect at policy inception; and
- 4) the undersigned shall pay any premium due to Founders Insurance Company within fifteen (15) days of receipt of an invoice.

**Agent signature:** \_\_\_\_\_ **Insured X:** \_\_\_\_\_

**Dated:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Phone: (Bus):** \_\_\_\_\_

**Phone: (Home):** \_\_\_\_\_