



IFG Companies*

1. General Agent:	
2. Insurance Company:	

APPLICATION – SPECIAL EVENT LIQUOR LIABILITY

3. <input type="checkbox"/> Request for Binder	4. <input type="checkbox"/> Request for Quote
--	---

5. Named Insured – Liquor Licensee and Address as they appear on the Liquor License or Permit for the event (attach copy of license or permit):	6. Name of Owner of Licensed Premises* for the event and Address if Different from Insured Licensee:
---	--

*Required in State of Illinois. Optional elsewhere: Use BG-L-421 *Additional Insured – Owners of Premises*.

7. Named Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Other Organization (describe)
--

8. Applicant is: <input type="checkbox"/> Educational <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Other IRS-Recognized Non-Profit Organization (describe)

9. Policy Period From ___ to Time of scheduled event: Begin ___ : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. – End ___ : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
--

10. Limits of Insurance – Within Coverage Territory*

a. Each Common Cause Limit: \$	b. Aggregate Limit:**	\$
--------------------------------	-----------------------	----

11. Limits of Insurance – Outside of Coverage Territory* No Coverage

a. Each Common Cause Limit: \$	b. Aggregate Limit:	\$
--------------------------------	---------------------	----

* Coverage Territory means the State shown in Item 6. ** Not applicable in the State of Illinois.

12. Illinois Changes: (Not applicable elsewhere)	The limits shown in this schedule are subject to the Each Common Cause Limit shown in 10.a.
--	---

SCHEDULE

	Limits of Insurance
a. Each Person Bodily Injury Limit	\$
b. Each Person Property Damage Limit	\$
c. Loss Of Means Of Support Or Loss Of Society Limit	\$

If the limitation provided under Section 235.5/6-21 as published in the Illinois Administrative Code is raised during the policy period, the limits of insurance provided in the Schedule are amended to conform to that statute.

13. Street address of event if different from the address on the Liquor License or Permit:
--

14. Type of venue: <input type="checkbox"/> Park <input type="checkbox"/> Hotel <input type="checkbox"/> Convention Center <input type="checkbox"/> Armory <input type="checkbox"/> Beach <input type="checkbox"/> Resort <input type="checkbox"/> Other: ___ (describe)

15. Complete description of event:

16. a. Est. attendance per day: ___ people	b. Max. capacity of loc. of event: ___ people
c. Swimming pool or lake? <input type="checkbox"/> Yes (Refer) <input type="checkbox"/> No	d. Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
e. Food provided? <input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible)	f. BYOL/B permitted <input type="checkbox"/> Yes (Ineligible) <input type="checkbox"/> No
g. Are all alcohol-servers certified in a formal alcohol training course? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required If not required, are all alcohol-servers professionally trained bartenders? <input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible)	

17.a. Unusual promotions? <input type="checkbox"/> Yes (Refer) <input type="checkbox"/> No	b. If yes: <input type="checkbox"/> Bungee Jumping <input type="checkbox"/> Dunk Tank <input type="checkbox"/> Mechanical Bull <input type="checkbox"/> Midget or Go-cart racing <input type="checkbox"/> Other:
--	---

Applicant Signature and Title:	Date:
--------------------------------	-------