

Buschbach Insurance Agency
5615 W 95th Street - P. O. Box 5000
Oak Lawn, Illinois 60455-5000

Company _____

Phone: (708) 424-0100
Fax: (708) 425-5077

LIQUOR LIABILITY APPLICATION SPECIAL EVENTS-SHORT TERM

ORDER
 QUOTE ONLY

1. Applicant _____
2. Mailing Address _____
3. Premises Owner _____
4. Mailing Address _____
5. Applicant is Educational Fraternal Political Civic Religious Non-Profit Other _____
6. Date(s) of Event _____ Hours _____
7. Location of Event _____
8. Inside city limits? Yes No _____
9. Type of Event _____
10. Any water hazards? Yes No *If yes, describe* _____
11. Any live entertainment? Yes No *If yes, describe* _____
12. Any hazardous activities (i.e. bungee jumping, skydiving, etc.)? Yes No *If yes, describe* _____
13. Anticipated attendance per day _____
14. Food served? Yes No *If yes, describe* _____
15. Anticipated sales per day: Bar _____ Food _____
16. Is there a separate area where alcohol is served and consumed? _____
17. LIMIT OF LIABILITY DESIRED:
- | | |
|--|--|
| <input type="checkbox"/> \$200,000 CSL | <input type="checkbox"/> \$300,000 CSL |
| <input type="checkbox"/> \$500,000 CSL | <input type="checkbox"/> \$750,000 CSL |
| <input type="checkbox"/> \$1,000,000 CSL | <input type="checkbox"/> _____ |
18. Previous Carrier & Premium for prior events _____
19. Losses for prior events _____
20. Has any company cancelled or refused coverage during the past five (5) years? Yes No *If yes, describe* _____

FOR COMPANY USE ONLY

Limit

Premium

Date

Quoted by

Broker: _____ Code: _____ Inspection Contact: _____

Phone No.: _____ Date: _____ PhoneNo.: _____

SIGNATURE _____

Broker, Applicant

Date

IMPORTANT: ONLY BUSCHBACH INSURANCE AND/OR THE INSURERS IT REPRESENTS HAVE THE AUTHORITY TO BIND COVERAGE. IF IMMEDIATE COVERAGE IS REQUIRED PLEASE CONTACT OUR COMMERCIAL DEPARTMENT BY PHONE,