

UNDERWRITERS AT LLOYD'S, LONDON

W. A. SCHICKEDANZ AGENCY, INC

300 WEST MAIN STREET, P. O. BOX 445
BELLEVILLE, ILLINOIS 62222

APPLICATION FOR SPECIAL EVENT LIQUOR LIABILITY COVERAGE

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND SUBMIT FOR A QUOTATION.
COVERAGE IS NOT CONSIDERED BOUND NOR CAN BE BOUND UNTIL AFTER OUR
QUOTATION HAS BEEN RELEASED AND ACCEPTED. APPLICATION IS SUBJECT
TO CASH PAYMENT BEFORE BINDING COVERAGE.

1. ASSURED (PARTY HOLDING EVENT) _____

2. ADDRESS IF PARTY HOLDING EVENT _____

3. ADDRESS WHERE EVENT BEING HELD _____

4. ADDITIONAL ASSURED _____ INTEREST _____

5. ADDRESS (ADD'L ASSURED) _____

6. PREMISES OWNER NAME/ADDRESS _____

7. TYPE OF EVENT _____

8. ANTICIPATED ATTENDANCE _____

9. ANTICIPATED SALES: BAR _____ FOOD _____

10. DATE OF EVENT _____ HOURS _____

11. PLEASE CIRCLE LIMIT OF LIABILITY DESIRED:

\$100,000

\$300,000

\$500,000

\$750,000

\$1,000,000

12. DETAILED CLAIM RECORD _____

12. HAS THIS EVENT CARRIED LIQUOR LIABILITY INSURANCE PREVIOUSLY? Y____ N____

IF YES, ADVISE CARRIER _____ POLICY # _____

COMMENTS: _____

=====I
INSURED'S SIGNATURE: _____ DATE: _____

PRODUCER'S NAME & ADDRESS _____

DATE: _____

=====I
FOR COMPANY USE ONLY
=====I