



# Stonegate Insurance Company

## LIQUOR LIABILITY

CLAIM NO. \_\_\_\_\_

Please print and fill out this form completely with **ALL** pertinent information and fax back to 773/458.1065.

Insured's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Insured's Tavern: \_\_\_\_\_  
Tavern Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Accident: \_\_\_\_\_

### Claimants Name & Address:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### Person on duty when liquor allegedly served:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Witness Name & Address:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Police Report: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_  
Injuries: \_\_\_\_\_  
Have license revocation proceedings been instituted? \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_