

AGENDA HAMPSHIRE LIQUOR COMMISSION MEETING June 16, 2016 6:30 P.M.

- 1. Call to Order.
- 2. Establish Quorum.
- 3. Approve Meeting Minutes of May 19, 2016.
- 4. Liquor License: Coon Creek Country Days: August 4 August 7, 2016
- 5. Adjournment.

HAMPSHIRE LIQUOR COMMISSION

May 19, 2016

Jeff Magnussen, Chairman, called the meeting to order at 6:30 p.m. Present: Trustee Ebert

Attendance - Speedway

Trustee Ebert moved, to approve the minutes for February 4, 2016.

Seconded by Magnussen Motion carried by voice vote Ayes: All

Nays: None Absent: Brust

Trustee Ebert moved, to approve a B-2 liquor license to Speedway who will be opening June 2, 2016.

Seconded by Magnussen Motion carried by roll call vote Ayes: Ebert, Magnussen

Nays: None Absent: Brust

Trustee Ebert moved, to recommend to the Village Board to create a B-2 liquor license.

Seconded by Magnussen
Motion carried by roll call vote

Ayes: Ebert, Magnussen

Nays: None Absent: Brust

Adjournment

Trustee Ebert moved, to adjourn the Liquor Commission meeting at 6:38 p.m.

Seconded by Magnussen Motion carried by voice vote

Ayes: All Nays: None Absent: Brust

Jeff Magnussen, Village President



234 S. State Street Hampshire, IL 60140

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: MAY 16 2016
NAME OF BUSINESS: HAMP SHIRE COON CREEK DAYS SALES TAX ID:
NAME OF APPLICANT: CARL PALMISAND
ADDRESS OF BUSINESS: 234 S. STATE ST - P.O. BOX 927 HAMPSHINE IL 60140
BUSINESS PHONE NO.: 224-402-3273
MAILING ADDRESS:SAM €
TO: Local Liquor Control Commission Village of Hampshire, Illinois
Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:
1. License Class and Annual Fee (check one):
Class A-1 - \$1,250.00 Class A-2 - \$1,000.00 Class B-1 - \$1,250.00 Class B-2 - \$1,250.00 Class B-2 - \$1,250.00 Class C-4 - \$1,250.00 Class B-3 - \$1,500.00 Class B-4 - \$1,250.00 Class B-5 - \$1,500.00 Class C-1 - \$1,250.00 Class C-2 - \$1,250.00 Class C-2 - \$1,250.00 Class C-3 - \$1,500.00 Class C-4 - \$1,250.00 Class C-4 - \$1,500.00 Class C-5 - \$1,500.00 Class C-7 - \$1,250.00 Class C-1 - \$1,250.00 Class C-2 - \$1,250.00
2. License Period:
Commencing on January 1, and ending December 31, or Commencing on August 4-4 2016 and ending December 31, and ending December 31,
3. Type of Business Entity (check one):
Individual Corporation
Partnership Other (specify) 501 $c(\xi)$

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: CARL PALMISAND	
BIRTHDAY: 05-12-1952	
211 00 6	
DRIVERS LICENSE# <u>P452</u> 1365 2136	HOME PHONE# 224-402-3273
BUSINESS STATUS: 501 C(3)	
PERCENTAGE OF STOCK HELD: NONE	
Name:	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD: (If additional space is required, please attach a	
5. Is the applicant a citizen of the United States?	
If an Illinois corporation, state date of corporation:	
If a foreign corporation, state date qualified to transact Business Corporation Act	business in Illinois pursuant to the Illinois
6. State the character of the applicant's business, and in carbon which it was formed. LOCAL ANNUAL FESTIVAL	ase of a corporation, the objects for
7. State the location and physical description of the premis license and the nature of the business at such location. BRUCE REAM PARK - TERWILLIGER AVE,	
8. State whether the applicant has ever had a liquor license State government or any municipality. STATE OF If answer is in the affirmative, state the name of the licen where said of license was issued.	rsing unit of government, when and

9. Has the applicant ever had any previous liquor license revoked?___\\ \O
10. Has the applicant and the designated managers read and do they understand and agree not t violate any of the liquor laws of the United States, the State of Illinois or any of the ordinance the Village of Hampshire in conducting business?
11. State whether all individual owners, partners, officers, directors, persons holding more than 5 of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.
Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.
12. State the name of the person who will generally be managing the ongoing affairs of this busine at these premises
State whether said manager has been fingerprinted by the Illinois State Police and, if so the dathereof.
Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.
13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?
15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?
16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?
18. Is the premises within 100 feet of any real property of any church, school, hospital, home for th aged or indigent persons or for veterans, their wives or children, or any military or naval station
19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.
SecNA
STATE OF Illinois) County of Drage) SS
The undersigned swears that all statements are true and correct.
CORPORATE SEAL
Subscribed and sworn to before me this 3) St day of Cuy Augustian State of Illinois Motary Fuelic, State of Illinois My Commission Expires 07/16/16
/ Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

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Illinois Liquor Control Commission 100 W Randolph Suite 7-801 Chicago, IL 60601 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						CANCI	ELLATION					
100 W Randolph Suite 7-801 Chicago, IL 60601 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		West III					LD ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BI	E CANC	ELLED	BEFORE
Chicago, IL 60601						ACCORDANCE WITH THE POLICY PROVISIONS.				KED IN		
			ie /-	00		AUTHORIZED REPRESENTATIVE						
						1	ouns, 1	Rober	Sain.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT				
J L Jones Agency P O Box 959 Huntley, IL 60142	NAME: PHONE (A/C, No, Ext): 847 669 1600 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	69 1647			
INSURED	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Echelon Property & Casualty Insurance Co				
Hampshire Coon Creek Country Days, Inc.	INSURER B:				
P O Box 927	INSURER C:				
Hampshire, IL 60140	INSURER D:				
	INSURER E:				
	INSURER F :				

COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR	TYPE OF INSURANCE	ADDL	SUBR	WITO STIOWN WAT HAVE BEET	POLICY EFF	POLICY EXP	i.		
	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	
Α	X COMMERCIAL GENERAL LIABILITY	X		EPP0001853	08/04/16	08/08/16	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000	
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$ 50,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	PRO.						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY							\$	
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
	UMBRELLA LIAB OCCUR							\$	
1	EVCECCIAD						EACH OCCURRENCE	\$	
ŀ	CLAIMS-MADE						AGGREGATE	\$	
ŀ	DEDUCTIBLE							\$	
-	RETENTION \$ WORKERS COMPENSATION	_						\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N						WC STATU- OTH- TORY LIMITS ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A				1	E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Liquor Liability			EPP0001853	08/04/16	08/08/16	Policy Aggregate	\$ 1,000,000	
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC /A4	4L 400	DD 404 A 1 1111					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Special Event Coverage for 4-day event held at 400 W Jefferson Ave, Bruce Ream Memorial Park, Hampshire, IL 60140

CERT	IFIC	ATE	HOL	DER
	8000			

CANCELLATION

Village of Hampshire 234 S State St PO Box 457 Hampshire, IL 60140

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Lonna J. Roesslein



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate

certificate holder in lieu of such endorsement(s).	ndorsement. A statement on this certificate doe	s not confer rights to the			
PRODUCER	CONTACT NAME:				
J L Jones Agency	DUOVE	FAX (A/C, No): 847 669 1647			
P O Box 959	ADDRESS: PRODUCER				
Huntley, IL 60142	CUSTOMER ID #:				
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Echelon Property & Casualty Insurance Co				
Hampshire Coon Creek Country Days, Inc.	INSURER B:				
P O Box 927	INSURER C:				
Hampshire, IL 60140	INSURER D:				
	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB	BER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS					

SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR	TYPE OF INSURANCE	ADDL	SUBR	WITS SHOWN WAT HAVE BEEN	POLICY EFF	POLICY EXP). 	
	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS
Α	COMMERCIAL GENERAL LIABILITY	X		EPP0001853	08/04/16	08/08/16	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
	CLAIMS-MADEOCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY							\$
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
	UMBRELLA LIAB		_					\$
1	EXCESSIVA						EACH OCCURRENCE	\$
+	CLAIMS-MADE						AGGREGATE	\$
+	DEDUCTIBLE							\$
	RETENTION \$ WORKERS COMPENSATION							\$
	AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
		N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
-	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
А	Liquor Liability			EPP0001853	08/04/16	08/08/16	Policy Aggregate	\$ 1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 404 Additional Brown of Acord Acord 404 Additional Brown of Aco							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Special Event Coverage for 4-day event held at 400 W Jefferson Ave, Bruce Ream Memorial Park, Hampshire, IL 60140

CENTIFICATE HOLDER	CANCELLATION
Hampshire Township Park District 390 South Ave	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 953	AUTHORIZED REPRESENTATIVE
Hampshire, IL 60140	Lonna J. Roesslein
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

CERTIFICATE HOLDER

Hampshire Coon Creek Country Days Beer Tent Schedule 2016 Festival –August 04 to August 07

Hours of Operation:

Thursday August 4th 6:00pm to 10:00pm

Friday August 5th 6:00pm to 12:00am

Saturday August 6th 12:00pm to 12:00am

Sunday August 7th 1:00pm to 5:00pm

Last Pour will be 15 minutes prior to close each day



HAMPSHIRE 2016 COONI CREEK COUNTRY DAYS

August 4th – 7th

HCCCD Entertainment Schedule

Thursday 6-7 pm New odyssey - 3 guys (play 30 Instruments)

7.30 - 10.30 pm ARRA

Friday 6.30 - 8.30 pm Whiskey Romance

9 - 12 midnight Rumor Has it

Saturday 1 - 3.30 pm Gary Nelson - The one & only

4 - 5 pm 9 Spot

5.30 - 8.30 pm Young Guns

9.30 pm - 12.30 am Modern day Romeo's

Sunday 1.30 - 4 pm Peaches Beach party

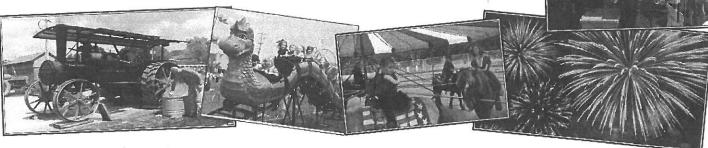
(Entertainment is subject to changes in performance times and Entertainers)

Help us celebrate the 34th year of the Hampshire Coon Creek Country Days Fest with live bands, fireworks, carnival, street parade, beer garden, corn boil, petting zoo, Food vendors, craft stalls and more!

We will all share in the satisfaction of knowing the proceeds of this event will continue to be donated to our local community services and organizations.

Visit our website: HAMPSHIRECOONCREEKCOUNTRYDAYS.COM

Email: HAMPSHIRECOONCREEK.HCCCD@GMAIL.COM





CONTINUATION CERTIFICATE

In consideration of the sum of FIFTY AND 00/100	(\$ <u>50.00******</u>) Dollars.							
the Pekin Insurance Company hereby continues in force Bond NoB178007_OLL&P010001								
in the sum ofONE THOUSAND FIVE HUNDRED AND	00/100 (\$ 1,500.00****) Dollars.							
on behalf ofHAMPSHIRE COON CREEK COUNTRY D	AYS INC							
in favor ofVILLAGE OF HAMPSHIRE, ILLINOIS								
described as LIQUOR SALES								
for the term beginning on theFIFTEENTH day or								
on theFIFTEENTH day ofJUL	Y							
conditions of said Bond heretofore issued.								
This confirmation is issued upon the express concunder said Bond and this and all continuations thereof s total sum above written.	lition that the liability of the Pekin Insurance Company hall not be cumulative and shall in no event exceed the							
Dated this TWENTIETH day of	APRIL . 2016							
	PEKIN INSURANCE COMPANY							
Ву —	Edward a. Mulvey							
	Edward A. Mulvey, Vice President - Personal Lines							

1131 (Rev. 07-13)



Knowledge. Relationships.

Retail Producer:

Lonna Roesslein J L Jones Agency 11503 E Main St Huntley, IL 60142

Phone: (847) 669-1600 Fax: (847) 669-1647

Email: jljones.agency@gmail.com

INSURANCE BINDER

May 04, 2016

RPS Submission #: 0997870C

Binder Information

Insured Name:

Hampshire Coon Creek Country Days Inc

Policy Number:

EPP0001853

Policy Period:

8/4/2016 to 8/8/2016

Insurance Carrier:

Echelon Property & Casualty Insurance Company NAIC #: 11702

Admitted / Non-Admitted: Admitted

A. M. Best Rating:

B+ IV

Retroactive Date (if Claims Made coverage):

Physical Location

400 W Jefferson, Hampshire, IL 60140

Limits of Insurance

\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$50,000 \$5,000	General Liability General Aggregate Products & Completed Ops. Aggregate Personal & Advertising Injury Each Occurrence Damage to Rented Premises Medical Expense
\$1,000,000 \$1,000,000	Liquor Liability Annual Aggregate Common Cause Limit

Coinsurance: %

Rating Information

Premium Suramary

MEP % -If varies

from policy MEP

Premium

\$1,250,00

Coverage

Premium

Commercial General Liability

\$750.00

Liquor Liability

\$500.00

Minimum Earned Premium:

100%

TRIA Premium:

REJECTED

(All applicable taxes and fees are Fully Earned unless otherwise specified.)

Fees:

Broker Fee - RPS

\$125,00

Tax State (or home state):

IL

The State Surplus Lines Notice applies only if Insurance Carrier is shown as Non-Admitted in the Binder Information Section.

SURPLUS LINES TAXES:

TOTAL

\$1,375.00

Coverage Notes

Flat cancellation is not permitted. Minimum earned premium provision applies.

Forms / Endorsements

See attached Carrier terms, conditions and exclusions

Terms & Conditions

Binder Issuance is Subject To:

Fully completed, signed & dated Application at time of binding, along with the liquor supplement Terrorism coverage form signed by the insured either accepting or rejecting terrorism

IL Broker Service Contract signed by the insured

Echelon property and casualty financial strength letter reviewed and signed by the producing agent

→ This binder does not include all the terms, coverages, exclusions, limitations, conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.