



Constitutional Casualty Company

LIQUOR LIABILITY

CLAIM NO. _____

Please print and fill out this form completely with ALL pertinent information and fax back to 773/763.0898

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: _____