

# Brewery Program Application

## Applicant Information

Applicant Name: \_\_\_\_\_

Website Address: \_\_\_\_\_

Year Established: \_\_\_\_\_ FEIN \_\_\_\_\_ Liquor License Number: \_\_\_\_\_

Association Memberships Held: \_\_\_\_\_

Risk Management Contact: \_\_\_\_\_ Risk Manager Phone: \_\_\_\_\_

Risk Manager Email: \_\_\_\_\_

## Section I – Production & Revenue Information

Revenues Prior Year: \$ \_\_\_\_\_ Projected Revenues Current Year: \$ \_\_\_\_\_

Size of Brewing/Distilling System: \_\_\_\_\_

### Manufacturing Revenue Per Location For the Coming 12 Months

Beer – Kegs	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor / Spirits	\$
“To Go / Carry Out” Beer / Liquor (Grolers, Kegs, 6 Packs, etc.)	\$

### On-Site / Testing Room Revenue Per Location For the Coming 12 Months

Beer – Draft	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor / Spirits – Insured’s Brand(s)	\$
Wine / Other Branded Beer or Liquor / Spirits (please describe)	\$
Food / Non-Alcoholic Beverages	\$
Merchandise / Gift Shop	\$

- Does the Applicant manufacture and/or package other beverages (i.e. wine, soda, kombucha, etc.)?  
 YES                      NO      If yes, please explain: \_\_\_\_\_
- What is the Applicant’s distribution area?: \_\_\_\_\_
- Does the Applicant distribute any products themselves  
 YES                      NO      If yes, number of vehicles used: \_\_\_\_\_ Radius of Travel: \_\_\_\_\_
- Does the Applicant export any product?  
 YES                      NO  
 If yes, what percentage of sales?: \_\_\_\_\_ To what countries: \_\_\_\_\_

## Section II – Policies & Procedures

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have a formal Product Recall Plan in place?   | YES | NO |
| 2. Has the Applicant ever had a product contamination incident or had to recall a product?  | YES | NO |
| If yes, provide details, including cost incurred: _____   |     |    |
| 3. Does the Applicant currently have Product Contamination or Recall Insurance?   | YES | NO |
| If yes, what limits and deductible?: _____ Deductibles: \$ _____  |     |    |
| If yes, who is the carrier?: _____  |     |    |
| Does the Applicant have knowledge of any fact or circumstance which may lead to a claim under the proposed insured?   |     |    |
|   | YES | NO |
| 4. How are the Applicant's products identified as an item you have produced?  |     |    |
| _____   |     |    |
| 5. How long are production records maintained?: _____   |     |    |
| a. Is this longer than the life expectancy of the product?  | YES | NO |
| 6. Does the Applicant maintain product records on the following?:   |     |    |
| a. Raw materials  | YES | NO |
| b. Quality control records  | YES | NO |
| c. Raw material suppliers information   | YES | NO |
| d. Purchasers information   | YES | NO |
| 7. Is a batch code system utilized?   | YES | NO |
| a. Is this system able to trace back to raw materials?  | YES | NO |
| 8. Does the Applicant have a formal Quality Assurance program?  | YES | NO |
| 9. Does the Applicant have a formal Supply Assessment program of its suppliers?   | YES | NO |
| 10. Does the Applicant perform audits on its' suppliers' Quality Assurance procedures?  | YES | NO |
| 11. Are trademark investigations done prior to finalization of new products/labels?   | YES | NO |
| 12. Is a certificate and additional insured status required from all vendors?   | YES | NO |
| 13. Is product testing utilized by the Applicant's company?   | YES | NO |
| If yes, please describe the testing procedures utilized by the Applicant's company (e.g. microbiological, x-ray, metal detections, steam/heat pasteurization, irradiation): |     |    |
| _____   |     |    |
| 14. Are "test and hold" procedures utilized at the Applicant's site?  | YES | NO |
| 15. Does the Applicant test incoming raw materials?   | YES | NO |
| 16. Does the Applicant import products or packaging directly from sources outside Canada?   | YES | NO |
| If yes, provide details: _____  |     |    |
| 17. What percentage of the Applicant's products are packaged in glass and who are their glass suppliers?  |     |    |
| _____ % Suppliers: _____  |     |    |

**Please provide copies of contracts with glass suppliers.**

18. Are there any oral or written agreements in place with the Applicant's glass suppliers that bar the Applicant or their insurer from seeking redress against glass suppliers or otherwise limit the Applicant's liability in any way to glass suppliers? YES NO
19. Are tours of the brewing/distilling production areas provided? YES NO
- a. Is there always an employee tour guide? YES NO
- b. Are samples provided and ID's checked for samples? YES NO

### Section III – Property Schedule

Building & Equipment Details	Size (sq ft)	Value	Contents & Equipment	Total Limit
Main Building		\$	\$	\$
Storage Building		\$	\$	\$
Maintenance Buildings		\$	\$	\$
Brewing/Distilling Equipment	N/A	\$	N/A	\$
Storage Tanks	N/A	\$	N/A	\$
Office Equipment	N/A	\$	N/A	\$
Signs (Free Standing)	N/A	\$	N/A	\$
Other		\$	\$	\$
	<b>SUB TOTAL 1:</b>	\$	\$	\$

Inventory & Stock Breakdown	Limit
Finished Product (Ready for Shipping & Export)	\$
Beers/Product in Process	\$
Bar/Cellar Stock	\$
Offsite Storage	\$
Other:	\$
	<b>SUB TOTAL 2:</b>
	<b>SUB TOTAL 1:</b>
	<b>GRAND TOTAL:</b>

### Section IV – Claims History

Please describe Any and ALL claims or law suits that you have had within the last FIVE (5) years.

No known or reported losses in the last 5 years and I am unaware of any events that may lead to a future loss.

1. Date: \_\_\_\_\_ Type: \_\_\_\_\_

Reserve: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Loss Prevention Measures: \_\_\_\_\_

2. Date: \_\_\_\_\_ Type: \_\_\_\_\_

Reserve: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Loss Prevention Measures: \_\_\_\_\_

## Section V – Liability Supplement

Brewery/Distillery Name: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Name the Brewery/Distillery Liquor License is in:                                       | YES | NO |
| 2. Have you ever had your Liquor License suspended or cancelled?                           | YES | NO |
| 3. Have you ever been cited for any Liquor Violations?                                     | YES | NO |
| 4. Are all Servers certified (Smart Serve, SIR, ProServe, SIA, etc.)?                      | YES | NO |
| 5. Are any of the operations involving Liquor or Food contracted out?                      | YES | NO |
| 6. Is a Manager on staff and onsite at all times when liquor is being served?              | YES | NO |
| 7. Do Servers attempt to determine if patrons will be driving after leaving your facility? | YES | NO |
| 8. Is a Designated Driver Program in use and promoted by servers?                          | YES | NO |
| 9. Is Taxi Service available to and from the Brewery or Distillery?                        | YES | NO |
| 10. Do all Event Sponsors sign written contracts including Indemnity and Waiver clauses?   | YES | NO |
| 11. (i.e. Tasting Events, Weddings, Banquets, etc.)  | YES | NO |
| 12. Does you require all Independent Contractors to carry liability insurance?             | YES | NO |
| 13. (i.e. Snow Removal, Construction Trades, etc.)   | YES | NO |
| 14. Does the Brewery/Distillery have Fuel Storage Tanks?                                   | YES | NO |

If Yes, please describe: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 15. Has the Brewery/Distillery ever experienced ANY product recalls? | YES | NO |
|--|-----|----|

If Yes, describe in detail: \_\_\_\_\_

Please list the Type, Quantity and Location of all Chemicals that are stored on premises:

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Location: \_\_\_\_\_

## Loss Payee/Mortgage Information

Loss Payee #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Loss Payee #2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Section VI – Entertainment & Event Information

1. Is there a dance floor on the premises? YES NO
2. Is there any live entertainment? YES NO  
If yes, please explain: \_\_\_\_\_
3. Does the applicant hold events at the facility? YES NO  
If yes:
  - a. What type?: \_\_\_\_\_
  - b. What is the number of people permitted?: \_\_\_\_\_
  - c. What safety controls are there?: \_\_\_\_\_
  - d. Are facility renters to obtain Event Insurance and name the Applicant's operation as an Additional Insured?  
YES NO
  - e. As host of events which exceed normal operations (hours, space, capacity) does the Applicant obtain Special Events Insurance Coverage? YES NO
4. Does the Applicant attend off-premises events? YES NO  
If yes:
  - a. What type(s)?: \_\_\_\_\_
  - b. Average number per year: \_\_\_\_\_
  - c. What safety controls are there?: \_\_\_\_\_

## Declarations

### I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_