

# 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. 3. Have you ever been cited for any Liquor Violations?  YES  NO
4. 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. 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?  
 (i.e. Tasting Events, Weddings, Banquets, etc.)  YES  NO
11. Do you require all Independent Contractors to carry liability insurance?  
 (i.e. Snow Removal, Construction Trades, etc.)  YES  NO
12. Does the Brewery/Distillery have Fuel Storage Tanks?  YES  NO  
 If Yes, please describe: \_\_\_\_\_
13. 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: \_\_\_\_\_