

APPLICANT/INSURED INFORMATION

Applicant/Insured Name: \_\_\_\_\_

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

Main Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please elaborate on any questions via additional pages.

GENERAL INFORMATION

1. Year Established: \_\_\_\_\_

2. Does your firm operate as a (please check all that apply)

Regional Brewery (15,000- 2,000,000 bbls/annum)

Microbrewery (<15,000bbls/annum)

Contract Brewer (all product produced exclusively for others)

Brewpub (25% or more production consumed on premises)

3. Annual revenue: Current Year (projected YE) \$ \_\_\_\_\_

Past Year \$ \_\_\_\_\_

Next Year (projected) \$ \_\_\_\_\_

4 Annualized barrel numbers:

Current State of Operations	# barrels sold	Revenue attributed to barrels
Produced by you under your label(s)		\$
Produced by others for you		\$
Produced by you for others		\$
Total		\$

5. How many of the last 5 years did your firm attain an operating profit? \_\_\_\_\_

OPERATIONS

1. Do you produce or sell any other alcoholic beverages (cider, liquor, wine, etc.)?  Yes  No

If Yes, please explain: \_\_\_\_\_

2. Do you operate a licensed bar (do not include tasting rooms):  Yes  No

If Yes:  Onsite  Another location

Annual revenue derived from these activities? \$ \_\_\_\_\_

3. Do you operate a restaurant?  Yes  No

If Yes, what percent of annual revenue is derived from the restaurant? \$ \_\_\_\_\_

4. Do you sell any product outside the U.S.? Do any employees ever travel outside the U.S. for business purposes (sales, purchasing, training, conventions, incentives trips, etc)?  Yes  No

If Yes, please explain: \_\_\_\_\_



**POLICIES & PROCEDURES**

- 1. Are all employees or volunteers that serve beer, on or off premises, fully trained in Responsible Beverage Services?  Yes  No  
If Yes, please explain training: \_\_\_\_\_
- 2. Do you batch code all of your beer?  Yes  No  
If Yes, how long are these records retained? \_\_\_\_\_
- 3. Do you have a written product recall program in place?  Yes  No
- 4. Have you conducted any special events over the past twelve months?  Yes  No  
If Yes, please explain below or by attachment (Examples – concerts, bicycle race, etc.): \_\_\_\_\_  
\_\_\_\_\_
- 5. Do you plan on conducting any special events in the upcoming twelve months?  Yes  No  
If Yes, please provide date and description of events (if known): \_\_\_\_\_  
\_\_\_\_\_
- 6. Do you ever contractually assume liability for events you sponsor, but are conducted by others?  Yes  No
- 7. Do you utilize contractors in the course of your business?  Yes  No  
If Yes, do you obtain Certificates of Insurance from all prior to work starting?  Yes  No

**PACKAGING & TRANSPORTATION EXPOSURES**

- 1. How is your beer packaged (indicate by percentage and type): \_\_\_\_\_%  Bulk \_\_\_\_\_%  Keg \_\_\_\_\_%  Bottle  
\_\_\_\_\_ %  Can: \_\_\_\_\_ %  Other (please describe): \_\_\_\_\_
- 2. Do you directly distribute any product yourself?  Yes  No  
If Yes, number of vehicles: \_\_\_\_\_ Maximum distance traveled: \_\_\_\_\_
- 3. Do you import any products yourself?  Yes  No  
Type products, brand names, sales figures, place of origin, etc.: \_\_\_\_\_
- 4. Do you hire others to transport your products?  Yes  No  
If Yes, please provide the following:  
Name of Company: \_\_\_\_\_  
Does the company assume liability during the shipping process?  Yes  No  
Do you require certificates of liability insurance annually from this firm?  Yes  No

**PREMISES INFORMATION** (for multiple locations, please elaborate via additional pages):

- 1. Total square footage of the space you occupy? \_\_\_\_\_
- 2. Are you the sole tenant in the building you occupy?  Yes  No  
If No, what other types of operations occupy the same building: \_\_\_\_\_  
\_\_\_\_\_
- 3. What is the maximum annual capacity (# of Barrels) of your facility based on current configuration? \_\_\_\_\_
- 4. What is the capacity of your largest product tank or vessel? \_\_\_\_\_
- 5. Do you permit unguided tours?  Yes  No
- 6. Do you operate at multiple facilities?  Yes  No
- 7. Is your facility fully protected by a smoke detection system that rings to a Central Station?  Yes  No
- 8. Is your facility fully protected by an automatic sprinkler system?  Yes  No



**HISTORICAL INFORMATION**

1. Have you been sued or received a complaint relating to bodily injury?  Yes  No

If Yes, please provide details including dates of occurrence: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever recalled a batch of beer?  Yes  No

If Yes, please indicate when and why: \_\_\_\_\_

3. Have you ever suffered loss or damage to your own vehicles or property, including equipment in excess of \$10,000?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_