

## Insurance Application

### General Information

<b>Contact Person:</b>	<b>Website:</b>
<b>Business Name:</b>	<b>Email:</b>
<b>Business Entity:</b>	<b>Phone:</b>
<b>Effective Date:</b>	<b>Federal Tax ID #</b>
<b>Location Address:</b>	
<b>City:</b>	<b>State:</b>
	<b>Zip:</b>

### Location Information

<b>Occupied Square Footage:</b>	<b>Approximate Year Built:</b>	<b>Own</b>	<b>Rent</b>
<b>Type of Construction:</b> Wood Frame	Concrete Tilt	Masonry	Other
<b>Building Sprinklered:</b> Yes      No	<b>Number of Stories:</b>		
<b>Burglar Alarm:</b> Yes, local alarm only	Yes, Central Station (Dispatch activated)		No
<b>Fire Alarm:</b> Yes, local alarm only	Yes, Central Station (Calls Fire Dept)		No
<b>Any upgrades to building in 5-10 years? (Plumbing, Electrical, Roof, HVAC):</b>			
<b>Is the building a Historical Building:</b>			Yes      No
	Sunday	Monday	Tuesday
		Wednesday	Thursday
		Friday	Saturday
<b>Hours of Operation:</b>			

### Property (Replacement Cost)

**Business Personal Property Values:** (Not bolted to ground i.e. computers, inventory, supplies, etc.) \$

**Tenant Improvement Values:** (Property Bolted to ground i.e. building upgrades including tanks, fermenters, cold box, etc.) \$

### Business Income Protection

**Average Monthly Expenses:** (Rent, Utilities, Payroll, etc.) \$

**Average Monthly Profit:** \$

**If Total Loss, how many months would it take to rebuild:**

### Operations

<b>Barrels Produced a year:</b>	<b>Size of Brewing System:</b>
<b>Total Projected Annual Revenue:</b>	\$
<b>Revenue from Tasting Room:</b>	<b>Revenue from Kegs:</b>
<b>Revenue from Merchandise:</b>	<b>Revenue from Bottles:</b>
<b>Revenue from Food Sales:</b>	<b>Revenue from Cans:</b>
<b>% of Beer Consumed Onsite:</b>	<b>% of Beer Consumed Offsite:</b>
<b>Do you self Distribute:</b> Yes      No	If yes, do you distribute using company vehicles or employee owned vehicle?
<b>Do you have a contract with a distributor to transport finished products:</b>	Yes      No

**Do You export Products:** Yes No  
**Do you offer Alcohol Sales other than beer:** Yes No If yes, please describe  
**Is entertainment provided:** Yes No If yes, how often and what type?

**How do you dispose of waste/ingredients: Briefly describe (i.e. spent grains, rinse water, boiled hops)**

**Do you ever hire Bouncers and or Security personnel:** Yes No  
**Do you mill your own grain:** Yes No

If Yes: Do you have a silo or do you use 50lb sacks?  
 Is there a separate and specifically configured milling room/area? Yes No  
 Is there proper ventilation/dust cleanup? Yes No  
 Does all electrical, ventilation and grain handling equipment comply with NFFPA Codes

**What is your max amount of beer (barrels or gallons) in production or storage at any one time (include amount stored in fermenters and serving tanks):**

**Risk Management/Safety Information**

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**Do you have a safety program in place:** Yes No  
**How often are safety meetings held:** Monthly Quarterly Other:  
**Brewery floor have non-skid surface:** Yes No Are drains built into floor: Yes No  
**Is there a clean in place system:** Yes No Are brewery tours offered: Yes No

**Should you offer Brewery Tours, please describe what safety measures are taken:** (i.e. signed waiver, employee hosted, areas blocked off, protective gear - safety glasses, etc.)

**Are those serving alcohol L.E.A.D and/or Tips Certified to insure responsible alcohol service:** Yes No

**Do you batch test for Quality Control measures:** Yes No

**Should a Product Recall be necessary, are adequate records kept to assist in a recall:** (please briefly describe here)

**Do you have alternate sources of supply for any of the following:**

Barley/Wheat/Other Yes No  
 Hops Yes No  
 Bottles/Kegs/Containers Yes No

Are your labels and/or brewery name trademarked Yes No

**Annual Payroll Figures by Class**

**Office Employees:** \$ **Outside Sales Employees:** \$  
**Brewery Employees:** \$ **Other Employees:** \$

**Commercial Auto**

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**Do Employees take company vehicles home:** Yes No  
**Is Personal use allowed:** Yes No  
**Do you have any written policies and/or procedures regarding fleet safety:** Yes No  
**Do you perform Drug Testing of employees:** Yes No  
**Is there a Vehicle Maintenance Program:** Yes No

**Applicant Name:** **Date:**