

BREWERY & DISTILLERIES
INSURANCE SUPPLEMENTAL APPLICATION

General Information

Insured Name: _____

d/b/a: _____

Address: _____

Website: _____

Years in Operation: _____ Years of Experience of Master Distiller/Blender: _____

Other Locations? Yes No **If yes, please complete a separate application for each location.**

Effective Date: _____ / _____ / _____

Expiring Carrier: _____ Premium: _____

1. Types of Spirits Produced:

2. Revenue Information:
Upcoming Year (Projected): \$ _____ Revenues _____ Gallons
Prior Year: \$ _____ Revenues _____ Gallons

3. Revenue Breakdown

- Off-site Consumption (Manufacturing/Wholesale):
\$ _____ Bottles
- On-site Consumption (Tasting Room/Restaurant):
\$ _____ Alcohol (your manufactured products)
\$ _____ Other Alcohol
\$ _____ Food Receipts
\$ _____ Gift Shop/Merchandise

4. What type of still is used? Open System Closed System
5. What is the heating source of the still? Electric Gas Steam Other _____
6. Do your products require aging? Yes No
7. Are they aged on premises? Yes No
If yes, are they aged/stored in a separate building from the still house? Yes No
8. Do you store or age for other manufacturers? Yes No

4. What types of safety devices are used?

- Pressure Relief Yes No
- Pressure Monitoring Alarm Yes No
- High Temperature Limit Alarm Yes No
- Low Liquid Level Alarm Yes No
- Explosion Proof Electrical Connections Yes No

If yes, the distance from the Still, Condenser, Container, etc. is: _____ft

The distance from any open transfer area is: _____ft

The distance from the bottling area is: _____ft

5. What methods are used to bottle product? Open Air Vacuum Other _____

6. Is a silo used? Yes No

7. How are grains disposed of? _____

8. Do you have a formal written Safety Program in place? Yes No

9. Do you have a formal Quality Control Program in place? Yes No

10. Do you perform quality control on your incoming ingredients? Yes No

11. Is your refrigeration/climate control equipment covered by service agreements? Yes No

12. Do you batch code your product? Yes No

13. Do you have a formal Product Recall plan? Yes No

14. Have you ever had to recall a batch? Yes No

Liquor Liability

1. Name on Liquor license: _____

- Has your license ever been revoked or suspended? Yes No
- Have there been any regulatory violations or fines in the past three years? Yes No

2. Do all servers/bartenders complete a formal alcohol training course? Yes No

If yes, which one(s)? _____

3. What are your procedures for dealing with an intoxicated person? _____

4. Do you have a Designated Driver program in effect? Yes No

If yes, please describe. _____

5. Is Liquor Liability included in your General Liability policy? Yes No

6. What are the limits for Liquor Liability?

Per Occurrence: _____ Aggregate: _____

Additional Notes

Signature

Applicant Signature: _____

Title: _____ Date: ____/____/____

Refer to the current version of ACORD 63 FRAUD STATEMENTS.