

Craft Brewers/Microbrewery Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

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Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ FEIN: _____
 Website: _____ Year Business Established: _____
 Description of Operations: _____

Section II – Production & Revenue Information

1. Classification of your operation:
- Regional Brewery (15,000 - 2,000,000 bbls/annum) Contract Brewer (all product produced exclusively by others)
- Microbrewery (<15,000 bbls/annum) Brewpub (25% or more production consumed on premises)

2. Annual Revenue – Brewery Manufacturing Operations:

	Current Year	Previous Year	2nd Prior Year	Projected Next 12 Months
Bottles	\$ _____	\$ _____	\$ _____	\$ _____
Cans	\$ _____	\$ _____	\$ _____	\$ _____
Kegs/Other	\$ _____	\$ _____	\$ _____	\$ _____
# Barrels Produced	\$ _____	\$ _____	\$ _____	\$ _____

3. Annual Revenue – Tap Room/Restaurant:

On-Premises Consumption

Bottles: \$ _____ Cans: \$ _____ Draft: \$ _____ Wine.Spirits: \$ _____
 Food: \$ _____ Merchandise: \$ _____ Other: _____ \$ _____

Off-Premises Consumption

Bottles: \$ _____ Cans: \$ _____ Kegs/Other: \$ _____

4. What is your distribution area?

5. Does the Applicant export any product? Yes No

If YES, What percentage of sales? _____ % To what countries? _____

6. Does the Applicant manufacture, package or sell any other beverages (e.g., cider, liquor, wine, etc.)? Yes No

If YES, please explain:

7. Is the operation a member of any trade organizations? Yes No

If YES, please list:

8. Head Brew Master's number of years of experience: _____

9. Total square footage of the space you occupy: _____ sq. ft.

Section II – Production & Revenue Information (continued)

10. Are you the sole tenant in the building you occupy? Yes No

If NO, what other types of operations occupy the same building?

11. Is your facility fully protected by a smoke detection system that rings to a Central Station? Yes No
12. Is your facility fully protected by an automatic sprinkler system? Yes No

Section III – Process & Quality Control

1. Is the brewed beer pasteurized? Yes No

2. How is unpasteurized beer kept fresh from spoilage?

3. What types of refrigeration systems are used at the insured facility?

4. Please describe the brewing operation's sanitation procedures:

5. Do you batch-test your beer at every stage in the process? Yes No

6. How are the brewed/distilled products packaged or bottled?

Please describe:

7. Do you perform routine maintenance on (and regularly clean) all of your brewing equipment? Yes No

8. Are pressure relief valves on all tanks? Yes No

If YES, how often are the valves cleaned? _____

9. Is your brewing equipment covered by service agreements? Yes No

10. Is there a formal quality control program in place? Yes No

11. Does the operation batch-code the beverage it produces? Yes No

If YES, how long are records retained? _____

12. Is there a recall or market withdrawal plan in place that is compliant with FDA guidelines? Yes No

13. Were FDA inspections completed regularly over the past five years? Yes No

14. Has the Applicant ever had to recall a product? Yes No

If YES, provide details:

15. Is there a formal compliant handling process in place? Yes No

16. How are the Applicant's products identified as an item you have produced?

17. How long are production records maintained? _____

18. Does the Applicant maintain product records on the following:

- a. Raw Materials Yes No
- b. Quality controls records Yes No
- c. Raw material suppliers information Yes No
- d. Purchasers information Yes No

Section III – Process & Quality Control (continued)

19. Does the Applicant have a formal Quality Assurance Program? Yes No
20. Does the Applicant have a formal supply assessment program for his/her suppliers? Yes No
21. Does the Applicant perform audits on its suppliers Quality Assurance procedures? Yes No
22. Is the Applicant accredited with good manufacturing practices, including HACCP principals such as SDQF, FSSA 22000 and ISO? Yes No

If YES, please explain:

23. Are trademark investigations done prior to finalization of new products/labels? Yes No

Section IV – Other Operations

1. Do you operate a restaurant? Yes No

If YES, complete the following:

a. What are the restaurant's hours of operation? _____

b. Indicate which types of cooking equipment are used on premises (check all that apply):

Commercial ovens Deep fat fryers Broilers Open flame grill

Pizza ovens No cooking present Other: _____

c. Is all cooking equipment located beneath an approved hood/duct system? Yes No

d. Are hoods and ducts equipped with removable filters or grease extractors vented outside? Yes No

e. How often is the hood and duct work cleaned? _____

f. Are all cooking devices installed with a minimum of 18" safe clearances to combustible surfaces? Yes No

g. Are all cooking equipment protected by a UL 300 wet-chemical extinguishing system? Yes No

h. Are manual pull fire extinguisher systems readily accessible and clearly identified? Yes No

i. Are all gas equipment and electric deep fryers equipped with automatic fuel shut-off? Yes No

j. Is there a 40B:C or type K (UL300 Standard) fire extinguisher in the kitchen? Yes No

k. How often is the suppression system inspected and serviced? _____

2. Does the operation conduct tours of the brewing/distilling operation? Yes No

If YES, complete the following:

a. How often? _____

b. Are brewery tours supervised by employees? Yes No

c. Are the tours allowed on the production floor during production? Yes No

d. What safety precautions do you take to help prevent slips, trips and falls? Yes No

3. Does the Applicant have a tasting room? Yes No

If YES, complete the following:

a. Number of seats? _____

b. Number of drinks or samples offered: _____

c. Size of drinks or samples served: _____ oz.

d. Who serves the tasting room samples: _____

e. Are the servers TIPS (or equivalent) trained? Yes No

f. Are IDs checked? Yes No

g. Explain procedures for serving high-alcohol-content beer (over 9% ABV):

4. Do you have a tap room (onsite or another location)? Yes No

If YES, complete the following:

a. What are the hours of operation and days open: _____

b. How many servers/bartenders: _____

c. Are **ALL** servers/bartenders TIPS (or equivalent) trained? Yes No

d. Do you have any live entertainment? Yes No

If YES, how many times a week? _____

Section IV – Other Operations (continued)

- e. Describe music type(s): _____
- f. Does the Applicant ever employ bouncers, security or doorpersons? Yes No
5. Do you plan on conducting any special events in the upcoming 12 months? Yes No
If YES, provide details:

6. Do you lease out your facility for weddings, parties or corporate events? Yes No
7. Do you ever contractually assume liability for events you sponsor but are conducted by others? Yes No
If YES, provide details:

8. 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

Section V – Liquor Liability

1. Does the Applicant serve alcohol? Yes No
If YES, complete the following:
a. What is the name on the Liquor License: _____
b. License Number: _____ Expiration Date: _____
2. Are all employees who sell or serve alcohol currently certified in a Formal Alcohol Training Course? Yes No
If YES, list the names of the formal training course:

3. Does Applicant have written policies for responsible alcohol service and ensures each employee understands these policies? Yes No
4. Does Applicant have written guidelines for checking IDs? Yes No
5. Please describe your procedures for dealing with an intoxicated person:

6. Do you have a Designated Driver program in effect? Yes No
If YES, please describe:

7. Does the Applicant maintain incident logs documenting when a person was refused service or other alcohol- related events/incidents? Yes No
8. Does the Applicant have knowledge of any fines or citations for a violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes No
If YES, provide details:

9. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
If YES, please explain:

10. Within the past five years, has the Applicant had any reported liquor liability and/or assault or battery claims, or notification of potential liquor liability and/or assault or battery claims at this location? Yes No
If YES, provide details:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY