



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Craft Brewery Supplemental Application

#### APPLICANT/INSURED INFORMATION

Applicant/Insured Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Main Contact: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please elaborate on any questions via additional pages.*

#### GENERAL INFORMATION

1. Yelp Star Rating     1     2     3     4     5
2. Year Established: \_\_\_\_\_
3. 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 by others)
  - Brewpub (25% or more production consumed on premises)
4. Annual revenue - Total of all operations:
  - Current year (projected year-end)    \$ \_\_\_\_\_ / # barrels \_
  - Previous year    \$ \_\_\_\_\_ / # barrels \_
  - 2<sup>nd</sup> prior year    \$ \_\_\_\_\_ / # barrels \_
  - Projected next 12 months    \$ \_\_\_\_\_ / # barrels \_
5. Revenue Sources: (current year)
  - Beer manufacturing receipts    \$ \_\_\_\_\_
    - % bottles    \_\_\_\_\_%
    - % cans    \_\_\_\_\_%
    - % kegged / bulk    \_\_\_\_\_%
  - Restaurant    Food: \$ \_\_\_\_\_    Alcohol: \$ \_\_\_\_\_    Total: \$ \_\_\_\_\_
    - Gift Shop    \$ \_\_\_\_\_
    - Tasting room    \$ \_\_\_\_\_
    - Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_
6. How many of the last 5 years did your firm attain an operating profit? \_\_\_\_\_

#### PREMISES/OPERATIONS

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_    Number of days of the week \_\_\_\_\_

1. Do you produce or sell any other alcoholic beverages (cider, liquor, wine, etc.)?     Yes     No  
If Yes, please explain: \_\_\_\_\_
2. Total square footage of the space you occupy? \_\_\_\_\_ sq. ft.
3. Are you the sole tenant in the building you occupy?     Yes     No  
If No, what other types of operations occupy the same building: \_\_\_\_\_

4. Do you occupy multiple floors of the building?  Yes  No
5. What is the maximum annual capacity (# of Barrels) of your facility based on current configuration? \_\_\_\_\_
6. What is the capacity of your largest product tank or vessel? \_\_\_\_\_
7. Is your facility located in a building of historical significance?  Yes  No
8. Do you operate multiple facilities?  Yes  No
9. Is your facility fully protected by a smoke detection system that rings to a Central Station?  Yes  No
10. Is your facility fully protected by an automatic sprinkler system?  Yes  No
11. Does your brewery have a clean-in-place (CIP) system?  Yes  No
12. Do floors have a non-skid surface?  Yes  No
13. Do floors have built-in drains?  Yes  No
14. Are pressure relief valves on all tanks?  Yes  No  
If Yes, how often are the valves cleaned? \_\_\_\_\_
15. Do you have a tasting room?  Yes  No  
If Yes:
- Number of seats: \_\_\_\_\_
  - Number of drinks or samples offered: \_\_\_\_\_
  - Size of drinks or samples served: \_\_\_\_\_ oz.
  - Who serves the tasting room samples: \_\_\_\_\_
16. Do you have a tap room (onsite or another location)?  Yes  No  
If Yes:
- What are the hours of operation and days open: \_\_\_\_\_
  - How many servers/bartenders: \_\_\_\_\_
  - Are the servers/bartenders TIPS (or equivalent) trained?  Yes  No
  - Do you have any live entertainment?  Yes  No
    - If Yes, how many times a week? \_\_\_\_\_
    - Describe music type: \_\_\_\_\_
17. Do you offer brewery tours?  Yes  No  
If Yes:
- How often? \_\_\_\_\_
  - Are brewery tours supervised by employees?  Yes  No
  - Are the tours allowed on the production floor during production?  Yes  No
  - Are samples given?  Yes  No
  - Are ID's checked?  Yes  No
  - What safety precautions do you take to help prevent slips, trips and falls?  
\_\_\_\_\_
18. 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.):  
\_\_\_\_\_

19. Do you plan on conducting any special events in the upcoming twelve months?  Yes  No  
 If Yes, please provide date(s) and descriptions, expected participants and revenue expected:  
 \_\_\_\_\_
20. Do you ever contractually assume liability for events you sponsor but are conducted by others?  Yes  No
21. 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
22. Do you operate a Restaurant/Brew Pub?  Yes  No  
 If Yes, please complete the Brew Pub Supplemental Application.
23. Do you lease out your facility for weddings, parties or corporate events?  Yes  No  
 If Yes, how much revenue do you generate from leasing out the facility? \_\_\_\_\_
24. Do you perform routine maintenance and cleaning on all of your brewing equipment?  Yes  No
25. Do you batch test your beer at every stage in the process?  Yes  No
26. How long are the batch test records retained? \_\_\_\_\_
27. How long are your ingredients kept on your premises before use?  
 <1 month  1-2 months  >2 months
28. Do your employees demonstrate excellent hygiene and cleanliness in housekeeping?  Yes  No
29. Do you have a formal, written quality control process?  Yes  No
30. Do you import any ingredients?  Yes  No  
 If Yes, which ingredients and country and origin: \_\_\_\_\_

**PACKAGING & TRANSPORTATION EXPOSURES**

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

**Applicant's Warranty Statement**

I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**Fraud Statement**

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.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant; and that the undersigned is retaining a duplicate signed copy hereof.

Retail Agency: \_\_\_\_\_ City: \_\_\_\_\_

Retail Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_