

## DISTILLERIES

### BREWERY & DISTILLERY INSURANCE PROGRAM 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

9. How are your products distributed? \_\_\_\_\_
10. What is your distribution area? \_\_\_\_\_
11. Do you export any products?  Yes  No
12. What is the age of your building? \_\_\_\_\_
- When were the last updates?
 

|                |                  |
|----------------|------------------|
| Roof _____     | Heating _____    |
| Plumbing _____ | Electrical _____ |

## Operations Information

### Food & Beverage Service

1. Do you operate a tasting room or restaurant?  Yes  No
- If yes, what are the hours of operation? \_\_\_\_\_
  - Maximum seating capacity: \_\_\_\_\_
2. Do you have any security (including ID checkers)?  Yes  No
3. What type(s) of cooking equipment is used?
- Commercial Ovens     Deep Fat Fryers     Broilers
- Open Flame Grills     Pizza Ovens     No cooking (cold sandwiches, snacks, and/or soup)
- Other (please explain): \_\_\_\_\_
4. Is there a regular program in place for cleaning all hood and duct work?  Yes  No
- If yes, how frequently is it cleaned? \_\_\_\_\_
  - Who provides the cleaning service? \_\_\_\_\_
5. What kind of Fire Suppression System do you have? \_\_\_\_\_
- How often is the system inspected or serviced? \_\_\_\_\_

### Premises & Property

6. Do you have live entertainment?  Yes  No
- If yes, what type and how frequent? \_\_\_\_\_
7. Do you have games on-site (pool tables, shuffleboard, Baggo)?  Yes  No
8. Do you conduct tours of the facility?  Yes  No
- Are they guided by staff?  Yes  No
  - Are samples offered?  Yes  No
  - Are ID's checked?  Yes  No
9. Do you participate in or host special events that are not on your premises?  Yes  No
- If yes, please list and describe. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Safety Information

1. What is the capacity, in gallons, of your tank system? \_\_\_\_\_
2. What is the age of your tank system? \_\_\_\_\_
3. Is your equipment covered by service agreements?  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: \_\_\_\_/\_\_\_\_/\_\_\_\_