



# BEVERAGE

Supplemental questionnaire

## APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

FEIN

WEB ADDRESS

INSURED'S LIQUOR LICENSE #

## CLASSIFICATION OF YOUR BREWERY

- ☐ **Microbrewery** (<15,000 barrels/year)      ☐ **Regional brewery** (15,000 - 2,000,000 bbls/year)
- ☐ **Large brewery** (over 2,000,000 bbls/year)      ☐ **Brewpub** (25% or more of production is consumed on premises)
- ☐ **Other** (Please explain):

## HEAD BREW MASTER'S EXPERIENCE AND QUALIFICATIONS

Manufacturing revenue per location	Last year's receipts	Current year estimated annual receipts	Next year estimated annual receipts
Beer—kegs (51352/50911)			
Beer—bottles (51350/50911)			
Beer—cans (51351/50911)			
Liquor/spirits			
To go or carry out beer/liquor			

On-site tap/testing room revenue per location	Last year's receipts	Current year estimated annual receipts	Next year estimated annual receipts
Beer sales (16931/58161)			
Liquor/spirits—Insured's Brand(s)			
Wine/other branded beer or liquor/spirits (please specify)			
Food/non-alcoholic beverages (16931)			
Merchandise/gift shop (13506)			

## UNDERWRITING QUESTIONS

1. How many years has the current management been in the brewery/distillery industry? \_\_\_\_\_
2. List applicant's labels that have registered trademarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does the applicant re-label or repackage any products sold? ☐ YES ☐ NO  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the applicant distribute any products themselves? ☐ YES ☐ NO  
If yes, number of vehicles used: \_\_\_\_\_ Radius of travel: \_\_\_\_\_
5. Describe product recall procedures and tracking of product batches:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has the applicant ever recalled a product? ☐ YES ☐ NO  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
7. Does the Applicant have a quality control program? ☐ YES ☐ NO  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the application manufacture and/or package other beverages (i.e. wine, soda, kombucha, etc.)? ☐ YES ☐ NO
9. How long are production records maintained? \_\_\_\_\_
10. Do you obtain COI's from vendors, food trucks, contractors, etc? ☐ YES ☐ NO
11. Do you import any raw products from outside the USA? ☐ YES ☐ NO
12. Do you export any products? ☐ YES ☐ NO  
If yes, what % of sales and to what country?  
\_\_\_\_\_
13. What type of spirits are being produced? \_\_\_\_\_
14. Finished product storage amounts:  
Barrels \_\_\_\_\_ liquid gallons  
Steel tanks \_\_\_\_\_ liquid gallons  
Plastic totes \_\_\_\_\_ liquid gallons  
Other \_\_\_\_\_ liquid gallons

## PROPERTY AND EQUIPMENT

1. Is the building on any historical registry (local/state or federal)? ☐ YES ☐ NO  
If a historical building is being used, has it been completely striped and updated? ☐ YES ☐ NO
2. Do other businesses occupy your same building?  
If yes, please list: \_\_\_\_\_
3. Does applicant mill its own grain? ☐ YES ☐ NO  
If yes, provide details of ventilation, dust control and room details.  
Do you use a silo for storage? ☐ YES ☐ NO  
How do you dispose your grains? \_\_\_\_\_
4. What is the age of your brewing/distilling equipment? \_\_\_\_\_
5. Did you purchase the equipment new or used? \_\_\_\_\_  
If used, what is the current age of the equipment? \_\_\_\_\_
6. Is there a regular service plan in place for all equipment? ☐ YES ☐ NO
7. What is the size/capacity of your brewing/distilling equipment? \_\_\_\_\_

**Please explain your sanitation procedures.**

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## RESTAURANT (if you do not operate a restaurant please skip to next section)

1. Indicate which types of cooking equipment is used on premises (check all that apply):
  - ☐ Pizza Ovens
  - ☐ Commercial ovens and deep fat fryers
  - ☐ Broilers or open flame grills
  - ☐ No cooking—please list items \_\_\_\_\_
  - ☐ Other—please explain \_\_\_\_\_
2. Is the equipment under service? ☐ YES ☐ NO  
If yes, how often and when was it last serviced? \_\_\_\_\_
3. Was the equipment purchased new or used? \_\_\_\_\_  
If used, what is the current age of the equipment? \_\_\_\_\_
4. Construction of Hood:
  - Are hoods equipped with filters? ☐ YES ☐ NO
  - How often are they cleaned? \_\_\_\_\_
  - Is wiring in grease tight conduit? ☐ YES ☐ NO
  - Are electrical fixtures in grease tight fittings? ☐ YES ☐ NO
5. Is there a regular program in place for cleaning of all hoods, ducts & filters? ☐ YES ☐ NO  
How frequently is service rendered? \_\_\_\_\_
6. How often is the suppression system inspected and serviced? \_\_\_\_\_
7. Are cooking areas protected by a UL 300? ☐ YES ☐ NO

## BEVERAGE AND FOOD SERVICE INFORMATION

1. Does the applicant operate a tasting room or restaurant/kitchen? ☐ YES ☐ NO

Hours of operation: \_\_\_\_\_

Do liquor sales end at the same time as food sales? ☐ YES ☐ NO

Are there drink specials or a "Happy Hour"? ☐ YES ☐ NO

Number of drinks or samples allowed: \_\_\_\_\_

Size of drinks or samples served: \_\_\_\_\_

Seating capacity: \_\_\_\_\_

2. Do they offer tours? ☐ YES ☐ NO

Hours of operation: \_\_\_\_\_

Prescheduled? ☐ YES ☐ NO

Guided by an employee? ☐ YES ☐ NO

3. Does the applicant offer for visitors to make or bottle their own beer? ☐ YES ☐ NO

4. Are visitors allowed to bring alcohol on premises to consume during dinner or special events? ☐ YES ☐ NO

5. Does the applicant carry an active liquor license? ☐ YES ☐ NO

Is the applicant required to provide liquor liability away from their premises? ☐ YES ☐ NO

Has the liquor license ever been suspended or revoked? ☐ YES ☐ NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are all employees and volunteers TIPS, TAM or similar alcohol awareness trained? ☐ YES ☐ NO

If no, what is the training procedure?

\_\_\_\_\_  
\_\_\_\_\_

Are tour/tasting room employees checking ID's for samples? ☐ YES ☐ NO

What controls are there to prevent over serving?

\_\_\_\_\_  
\_\_\_\_\_

What are the procedures for handling an intoxicated patron?

\_\_\_\_\_  
\_\_\_\_\_

6. Has liquor liability insurance been cancelled or non-renewed in the last 3 yrs?

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Does the insured utilize bouncers or security? ☐ YES ☐ NO

## ENTERTAINMENT AND EVENT INFORMATION

1. Is there a dance floor on the premises? ☐ YES ☐ NO
2. Is there any live entertainment? ☐ YES ☐ NO

If yes, please explain:

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3. Does the Applicant hold events at the facility? ☐ YES ☐ NO

If yes:

On premises type of events	Number of people permitted	Sq ft of events room	Average number of events per year	Safety controls

Are facility renters required to obtain event insurance and name the applicant's operation as an additional insured?

☐ YES ☐ NO

COI's obtained? ☐ YES ☐ NO

As host of events which exceed normal operations (hours, space, capacity) does the applicant obtain special events insurance coverage? ☐ YES ☐ NO

4. Does the Applicant attend events off premises? ☐ YES ☐ NO

If yes:

Off premises type of events	Number of people permitted	Average number of events per year	Safety controls

5. Does insured allow pets on premise? ☐ YES ☐ NO

What controls are put in place?

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Does insured require a signed hold harmless from pet owner? ☐ YES ☐ NO

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

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 subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.  
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____ OWNER OR OFFICER'S NAME		_____ AGENT'S NAME	
_____ TITLE		_____ AGENT'S SIGNATURE	_____ DATE
_____ OWNER OR OFFICER'S SIGNATURE		_____ EXPIRING POLICY NUMBER, IF APPLICABLE	
_____ DATE			