

CRAFT BREWERIES SUPPLEMENTAL (Complete in addition to ACORD Application)

PREQUALIFIERS – Risk(s) are ineligible if they include any of the following characteristics.

	Yes	No
1. Operation allows guns on the premises/armed security guards (including but not limited to guns, Tasers, or stun guns).	<input type="checkbox"/>	<input type="checkbox"/>
2. Does not meet all required state, county or city laws/ordinance requirements relating to licensing, codes and alcohol sales.	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not have regular service/maintenance program in place for all extinguishing systems.	<input type="checkbox"/>	<input type="checkbox"/>
4. All alcohol-serving employees are NOT certified in a Formal Alcohol Training Course.	<input type="checkbox"/>	<input type="checkbox"/>
5. No formal quality control program in place for your brewery products.	<input type="checkbox"/>	<input type="checkbox"/>

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Management's years of experience:					
2. Clientele age:	<input type="checkbox"/> 18-25 %	<input type="checkbox"/> 25-35 %			
	<input type="checkbox"/> Over 35 years %	<input type="checkbox"/> Over 50 years %			
3. Licensed for Number of Occupants:	Number of Employees:				
4. Does establishment have a YELP rating of less than 3 stars and poor reviews related to the condition of premises or security incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No					

REVENUE

Provide annual sales for food and alcoholic beverages (liquor, beer, and wine):

	Alcohol On-Sale	Alcohol Off-Sale	Food Sales	Other Sales	Total Sales
Next 12 months	\$	\$	\$	\$	\$
Past 12 months	\$	\$	\$	\$	\$

OPERATIONS

1. Type of operation (check all which apply):					
<input type="checkbox"/> Banquet Facility	Do you or your customers hire any services related to banquets, weddings, meetings, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, describe:				
<input type="checkbox"/> Brewing Operation Tour	Non-skid surfaces on floors? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Floor drains? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Tours supervised by employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Comedy Club					
<input type="checkbox"/> Food Truck/Kiosk					
<input type="checkbox"/> Hookah or Shisha Bar					
<input type="checkbox"/> Restaurant					
<input type="checkbox"/> Other – Describe in detail:					
2. Any watercraft, docks, or floats owned, hired or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No					

ENTERTAINMENT

1. Do you feature any entertainment? Yes No
- a. If yes, how often? _____ per year
- b. Entertainment type:
- Band Karaoke Velcro Walls, Stage Diving
- DJ Body Surfing Pyrotechnic Displays
- Juke Box Mosh Pits Solo Vocalist
- Amusement devices and/or sports facilities
(i.e. Basketball/Volleyball Courts, Baseball Field, Pool Tables, Foosball, Air Hockey, Dart Boards, Mechanical Bulls, etc.)
- If yes, describe:
- Stage/Floor Show or Contest – describe: _____
- Other – describe: _____
2. Is there a dance floor? Yes No
- If yes, indicate size of dance floor: _____ sq. ft.
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SECURITY/SAFETY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the insured/manager on duty during all open hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Number of exits: _____ | | |
| a. Are all exits marked with exit signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all exits equipped with panic door hardware? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, are all exits unlocked during business hours? | | |
| c. Are all exits secured from unauthorized entry per state requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the parking lot under the applicant's control? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are there security cameras? | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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SPECIAL EVENTS

If you have any special events that occur off of your premises, refer to the Special Events Supplement, S62-CG.

LIQUOR LIABILITY COVERAGE Yes No N/A

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have three or more liquor losses/violations in the past three years under current management? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there ongoing employee training that includes written and enforced policies/procedures for intoxicated customers and minors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you offer any "open bars" providing alcohol at no charge, "All You Can Drink", BYOB, or any promotional event? (Tasting is acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe: _____ | | |
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COOKING HAZARDS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is any type of cooking (other than microwave cooking) done on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Semi-annual service contract for auto extinguishing equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Automatic gas or electric shut-off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there any tableside cooking or open pit barbecues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the brewing equipment have relief valves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a written maintenance plan in place for the brewing and refrigeration equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
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PROPERTY COVERAGE Yes No N/A

Location	1.
	2.
	3.

	Location 1	Location 2	Location 3
Building Limit	\$	\$	\$
Business Personal Property Limit	\$	\$	\$
Deductible	\$	\$	\$
Construction Class			
Protection Class			
Year Built			
# Stories			
Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises Fire Protection (i.e. Sprinklers, Co2/Chemical System)			
Building Improvements (incl. Year)	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Other _____
Smoke Detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fire Extinguishers			
Fire extinguishers serviced and tagged within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address