

New Business Application

Brewery Protect

Name of Business: _____

Mailing Address: _____

Risk Location (If different from mailing): _____

Contact: _____ Title: _____

Website: _____ E-Mail: _____

Business Phone Number: _____ Fax Number: _____

1. Renewal Date: _____ Expiring Premium: \$ _____

2. Current Insurance Company: _____ Property Deductible: _____

3. Has the Management or Ownership changed in the last 12 months? Yes No
If Yes, please explain:

4. Does the Brewery have a written Risk Management Plan? Yes No

5. Is there anyone else with an interest in your Brewery? (partner, mortgage, etc.) Yes No

Loss Payee/ Mortgage Information:

Loss Payee #1: _____

Mailing Address: _____

Loss Payee #2: _____

Mailing Address: _____

Coverages

1. Do you want to purchase Business Interruption coverage? Yes No
a. Limit Required \$ _____ (Please complete and include a Profits Worksheet)

2. Do you wish to purchase Umbrella coverage? Yes No
a. Limit Required \$ _____

3. Please provide underlying Automobile Policy Limit \$ _____ # of vehicles insured: _____

Details about the Brewery

1. Corporate Structure: Corporation Partnership Joint Venture Sole Proprietorship

2. Number of Employees: Full Time: _____ Part time: _____

3. Please share your Association Relationships (OCB, BC Craft Brewers etc.): _____

4. Do you operate a licensed bar? (does not include tasting room) Yes No

5. Do you produce or sell any other type of alcohol (Cider, Liquor, Wine etc.)? Yes No

If yes, please summarize: _____

6. Do you operate a restaurant? Yes No

If yes, what percentage of sales is derived from the operations of the restaurant?: _____

7. What changes in operations or construction do you anticipate over the next 12 months: _____

Revenues - Annual Gross Revenues

Sales – Wholesale (LCBO, Beer Store):	\$ _____
Sales – Onsite or Retail Sales	\$ _____
Sales – Direct to Restaurants	\$ _____
Sales – Exports to the United States	\$ _____
Sales – Exports outside North America	\$ _____
Banquet/ Wedding	\$ _____
Food Operations	\$ _____
Other: _____	\$ _____
Total Revenues:	\$ _____

Claims History – Please describe any and ALL claims or law suits that you have had within the last 5 years

No known or reported losses in the last 5 years

1. Date: _____ Type: _____

Reserve: _____ Amount Paid: \$ _____

Description: _____

Loss Prevention Measures: _____

2. Date: _____ Type: _____

Reserve: _____ Amount Paid: \$ _____

Description: _____

Loss Prevention Measures: _____

Declarations

I/we declare that:

1. The information in this application is true and correct and I/ we have not withheld any relevant information.
2. I/ we understand that any statement made in this application will be treated as a statement made by all of the people to be insured:

Signature of Applicant: _____ Date: _____

Building & Equipment Breakdown

Building & Equipment Details	Size (Sq Ft.)	Replacement Value	Contents & Equipment Value	TOTAL LIMIT
Main Building				
Secondary Building				
Storage Building				
Maintenance Building				
Brewing Equipment				
Storage Tanks				
Office Equipment (Desks, etc.)				
Outdoor Storage Tanks				
Underground Storage Tanks				
Signs				
Other Building: _____				
Other Building: _____				
Other Building: _____				

_____			Subtotal	

Inventory & Stock Breakdown

Inventory & Stock Breakdown

Value of Finished Beer (Ready for Shipping)	
Value of Beer in Process	
Value of Bar/ Cellar Stock	
Value of Offsite Storage	
Other: _____	
Other: _____	
Sub Total 2 (Stock Limit)	
Sub Total 1 (Building, Contents & Equip)	
Grand Total	

Structural Detail Form

1. Year Built: _____ Renovated? Yes No If yes, describe: _____
2. Construction of walls: Steel Steel/ concrete Concrete block Frame

3. Exterior Finish: Log Mixed (frame/masonry)
 Wood Masonry Brick Veneer Metal Clad Siding
 Log Siding Other: _____
4. Winterized: Yes No
5. Roof: Style: Flat Peak Mansard Other: _____
 Construction: Wood Steel Concrete Other: _____
 Covering: Shingles Steel Asphalt Other: _____
 Replaced: Yes No If yes, what year? _____
6. Floor grade: Concrete Wood Second & above: _____
7. Area (sq ft) Bsmt: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ Decks: _____
8. Electrical: Fused Circuit Breakers Installed or Updated when? _____
9. Heating: Oil Natural Gas Electric Forced Air Hot Water
 Boiler Propane Steam Woodstove Fireplaces
10. Plumbing: Updated? Yes No If yes, what year? _____ Partial or Full Update?
11. Distance to nearest Fire Hydrant: _____ ft. Municipal: Yes No
12. Distance to nearest Dry Fire Hydrant _____ ft. Distance to Private Fire Hydrant: _____ ft.
13. Distance to nearest Fire Hall: _____ kms Volunteer or Paid
14. Sprinkles System: Full Partial If Partial _____% Centrally Monitored Yes No
15. Fire Protection System: Smoke Detectors Heat Doctors Centrally Monitored Yes No
16. Burglar Alarm System: Yes No Centrally Monitored Yes No
17. Alarm Monitoring Company Name: _____
18. Is there a deep fat fryer in this building? Yes No
- If Yes, is there: Automatic wet fire suppression for each deep fat fryer? Yes No
 Semi-annual maintenance contract for each unit? Yes No
 A Class K portable extinguisher as back-up? Yes No
19. Is Back-up/ Emergency power available? Yes No

Maintenance Building:

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Storage/ Other Buildings

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Liability Supplement

Brewery Name: _____

1. Name the Brewery Liquor License is in: _____

2. Have you ever had your liquor license suspended or cancelled? YES NO

- | | | |
|--|---------------------------|--------------------------|
| 3. Have you ever been cited for liquor violations? | YES <input type="radio"/> | NO <input type="radio"/> |
| 4. Are all servers certified (Smart Serve, SIR, pro Serve, SIA) | YES <input type="radio"/> | NO <input type="radio"/> |
| 5. Are any operations involving liquor or food contracted out? | YES <input type="radio"/> | NO <input type="radio"/> |
| 6. Is a manager on staff and onsite at all times when liquor is being served? | YES <input type="radio"/> | NO <input type="radio"/> |
| 7. Do servers attempt to determine if customers are intoxicated? | YES <input type="radio"/> | NO <input type="radio"/> |
| 8. Is a designated driver program in use and promoted by servers? | YES <input type="radio"/> | NO <input type="radio"/> |
| 9. Is Taxi Services available from the Brewery? | YES <input type="radio"/> | NO <input type="radio"/> |
| 10. Do all event sponsors sign written contracts including indemnity and waiver? | YES <input type="radio"/> | NO <input type="radio"/> |
| 11. Does the Brewery require all sub-contractors to carry liability insurance? | YES <input type="radio"/> | NO <input type="radio"/> |
| 12. Does the Brewery have fuel storage tanks? | YES <input type="radio"/> | NO <input type="radio"/> |
| 13. Are there any crops at this Brewery not included in this application? | YES <input type="radio"/> | NO <input type="radio"/> |
| 14. Has the Brewery experience any Product Recalls in the past? | YES <input type="radio"/> | NO <input type="radio"/> |
| 15. Are there any chemicals stored on site?? Is yes, please summarize below. | YES <input type="radio"/> | NO <input type="radio"/> |

Declarations:

- The information in this application is true and correct and I/we have not withheld any relevant information.
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Signature of Applicant: _____

Name of Applicant: _____

Signature of Broker: _____

Name of Broker: _____