

Distillery Protect

New Business Application

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 Distillery? (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: _____

Revenues - Annual Gross Revenues

Sales – Wholesale (Grocery/Other):	\$	_____
Sales – Consumed Onsite/Tasting Room	\$	_____
Sales – Onsite – Consumed Off-Site	\$	_____
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: _____

Building & Equipment Breakdown

Building & Equipment Details	Size (Sq Ft.)	Replacement Value	Contents & Equipment Value	TOTAL LIMIT
Main Building				
Secondary Building				
Storage Building				
Maintenance Building				
Distilling 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 Product (Ready for Shipping in bottles)	
Value of Product in Process	
Value of Product Sold in barrels	
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
Log Mixed (frame/masonry)
3. Exterior Finish: 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

Distillery Name: _____

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

Declarations:

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: _____

Name of Applicant: _____

Signature of Broker: _____

Name of Broker: _____