

## 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:

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Loss Payee #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Loss Payee #2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Coverages

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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

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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

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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

<b>Building &amp; Equipment Details</b>	<b>Size (Sq Ft.)</b>	<b>Replacement Value</b>	<b>Contents &amp; Equipment Value</b>	<b>TOTAL LIMIT</b>
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:				
_____				
			<b>Subtotal</b>	

**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

- 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: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> 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	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 Brewery?	YES	NO
10. Do all event sponsors sign written contracts including indemnity and waiver?	YES	NO
11. Does the Brewery require all sub-contractors to carry liability insurance?	YES	NO
12. Does the Brewery have fuel storage tanks?	YES	NO
13. Are there any crops at this Brewery not included in this application?	YES	NO
14. Has the Brewery experience any Product Recalls in the past?	YES	NO
15. Are there any chemicals stored on site?? Is yes, please summarize below.	YES	NO

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**Declarations:**

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1. 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: \_\_\_\_\_