



BREW PUB SUPPLEMENTAL APPLICATION

Please complete one application for each brewpub location.

General Information

Named of insured brewpub:

Location address, including zip code:

Owner's name(s):

Building value - In order to ensure that your insurance would cover the cost of replacement, if necessary, please provide replacement cost, not market or depreciated value:

Building description - Please tell us the number of stories, type of construction, type of heating, plumbing, roofing, whether it has sprinklers and other notable details:

Age of building and dates of significant updates including heating, electrical, plumbing, roofing, etc:

Square footage of the building, including any footage occupied by you:

Square footage of parking:

If you are not the sole tenant, please describe other occupants:

Full replacement cost of building contents (inventory, equipment, furniture and fixtures, etc.):

Business interruption value - Please list the monthly costs that you would have in the event of a loss that results in a shutdown. Be sure to include the income and profit that would be lost during a shutdown.

How long would it take to rebuild in the event of a total loss?

Estimated annual receipts broken down by sale of food (including non-alcoholic beverages), liquor and merchandise:

Estimated annual payroll broken down by job classification (i.e. clerical, brewery workers, salespeople, etc):

Please provide financial statements, including a profit & loss statement and a balance sheet. If a new venture, please include proforma.

Number of years operating under current ownership (if a new operation, please tell us your prior experience in this type of business):

Number of years at this location:

Do you hold any special events? Yes: No:

- What type of events?
- How often are they held?
- How long do they last?
- Expected number of participants?
- Average revenue per event:

Is the owner now or has the owner ever been involved in:

- 1) Bankruptcy Yes: No:
- 2) Tax lien Yes: No:
- 3) Foreclosure Yes: No:
- 4) Business failure Yes: No:
- 5) Litigation Yes: No:

Please explain all yes answers:

Location Information

Distance of your location to an ocean/bay/gulf:

Distance of your location to potential terrorist targets, including stadiums, colleges, hotels, manufacturers of electronics or armaments, famous buildings, transportation centers, utilities, or locations with historical, political, financial, geographical or symbolic status. Please tell us the name of the potential target and the distance from your location.

Seating Capacity:

- Bar:
- Inside:
- Outside:
- Function Rooms:

Have there been any incidents of assault & battery in the past five years?

Yes: No:

General Liability

Does your restaurant have stairs? Yes: No: Number of risers:
Please describe other occupancies in this building:

Do you have off premises parking? Yes: No:

Address of off premises parking:

Square footage of off premises parking:

Do you have valet parking? Yes: No:

Do you provide catering? Yes: No:

What percentage of your total receipts come from catering:

Do you make deliveries? Yes: No:

Are adequate emergency exits provided? Yes: No:

Do you have panic hardware? Yes: No:

Number of Employees: Full Time: Part Time:

Is the building owner to be named as additional insured? Yes: No:

Name and address:

Operations Information

Original use and subsequent occupancies of the building:

Was operation built as a brewpub or is it a conversion from an existing restaurant?

Does your brewery have a clean-in-place (CIP) system? Yes: No:

Do you have a banquet room? Yes: No:

If yes, who serves alcohol at functions?

Is your brewpub a sports bar? Yes: No: Number of Television sets:

Hours of operation:

What size(s) beer glass do you offer?

Kitchen/Cooking Information

UL approved automatic extinguishing system under maintenance contract? Yes: No:

Type of system:

Frequency of scheduled maintenance:

Date last cleaned:

Does system cover all cooking surfaces? Yes: No:

Automatic gas/electric shutoffs? Yes: No:

How often are hoods & filters cleaned?

Who cleans them?

Date last cleaned:

BC Extinguisher available in kitchen? Yes: No:

Are hoods and ducts over all cooking equipment? Yes: No:

Do you have a contract for regularly scheduled maintenance? Yes: No:

How frequently is the maintenance conducted?
Is there adequate clearance between hoods, ducts, cooking equipment and combustible materials? Yes: No:

Entertainment Information

Do you ever have live music? Yes: No:
How frequently do you have a DJ?
How frequently do you have a band?
What type of music?
What nights of the week?
Is dancing permitted? Yes: No:
Size of dance floor:
Do you have bouncers? Yes: No:
Please describe the role of the bouncers?
Are bouncers off-duty police officers? Yes: No:
Do they carry weapons?
What is the age of your clientele?
Percentage under 21:
Percentage 21-40:
Percentage over 40:
Number of pool tables:
Number of video games:
Number and type of mechanical devices:
Number of gaming tables:
Number of pinball machines:
Please list any other type of entertainment:

Liquor Liability Information

Previous carrier:
Expiration date:
Claims-made or Occurrence?
Has your liquor liability insurance ever been cancelled or non-renewed? Yes: No:
Has your liquor license ever been cancelled or non-renewed? Yes: No:
Have you had any fines or citations for violation of liquor laws or ordinances? If yes, please explain:
What is your liquor license #?
What type of liquor training is given servers?
How many bartenders do you have?
How many servers do you have?
Average length of employment:
Is there a written policy on serving alcohol for employees and customers? Yes: No:
Is management notified prior to shutting off patrons? Yes: No:
Are these situations documented? Yes: No:
Number of bars on premises:
Is there steady bar clientele? Yes: No:
Do you have promotional events? Yes: No:

Do you have a happy hour? Yes: No:
 Do you have a ladies' night? Yes: No:
 Do you serve shots? Yes: No:
 Average age of clientele:
 What time is last call?
 Do you mandate alcohol training? Yes: No:
 What alcohol training program do you use?
 Do you produce strong ales or barley wines? Yes: No:
 Do you have different serving standards for strong ales or barley wines? Please explain:

Financial Information (Either complete below or submit CPA Financials)

Total Operating Expenses

Restaurant other than alcohol	\$
Alcohol	\$
Merchandise and Other	\$
Net Profit or Loss	\$
Accounts Payable	\$
Notes Payable	\$
Bank Loans Payable	\$
Last Three Years' Receipts, broken down between food and non-alcoholic beverages, liquor (wholesale and retail) and other:	\$

Representation: I represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/ Underwriter evidence its acceptance of this application by issuance of a policy. Furthermore, I hereby authorize the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

APPLICATION MUST BE SIGNED BY APPLICANT AND CONTROLLING BROKER

Applicant's Name (please print):

Applicant's Title:

Applicant's Signature:

Date:

e-mail address:

Licensed Agent's Signature:

Date:

Agency Name:

License #:

Telephone #:

Fax #:

NOTICE TO APPLICANT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.