

DISTILLERY SUPPLEMENTAL APPLICATION

Please complete one application for each distillery location.

General Information

Named of insured distillery:

Location address, including zip code:

Owner's name(s):

Building value (if coverage is needed) - 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:

Sprinkler Information

Sprinkler Protection Type (if any) _____

Percentage of building that is sprinklered (if any) _____

Sprinkler protection by occupancy (if any):

| | | |
|----------------------------------|------|-----|
| Mashing and Fermenting | Yes: | No: |
| Still House | Yes: | No: |
| Tank Rooms | Yes: | No: |
| Barrel Dumping and filling areas | Yes: | No: |
| Bottling areas | Yes: | No: |

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 your distillery in the event of a total loss?

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:

Estimated annual receipts by product _____

Please explain all yes answers:

Operations Information:

What type of distilled product are you manufacturing?

Are wooden barrels used for storage?

How long is the product stored for?

Is your product sold for off premises consumption?

Do you offer distillery tours? Yes: No:

How often?

Are tours supervised by employees? Yes: No:

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

Do floors have a non-skid surface? Yes: No:

Do floors have built-in drains? Yes: No:

Are hoses used in a way as to create a tripping hazard? Yes: No:

What quality control steps are taken throughout the distilling and fermenting process?

Do grain handling areas have proper ventilation?
Are grain storage and handling areas, production, and storage areas each situated in separate fire divisions?
What is the age of your distilling equipment?
How often is your distilling equipment examined for leaks?
What type of refrigerating system is used at the facility?
Which refrigerants are most commonly used?
Do you do any batch testing? Yes: No:
Are records kept to aid in a recall if one was to occur? Yes: No:
Are tanks cleaned between batches? Yes: No:
When tank maintenance is required is the company certified in industrial and mechanical welding Yes: No:
Do you request certificates of insurance Yes: No:
Insurance limits _____

Safety Program and Organization:

Do you have a formal safety program?
Is the owner active in daily operations?
Do employees receive safety/training?
Is all machinery properly guarded?
Any lifting exposure? Yes: No: If yes manual lifting or with assistance _____
Personal protective equipment provided? _____
Are safety belts, lifelines, and reparatory protection used when workers are cleaning confined spaces that contain carbon dioxide gas?

* We can assist in designing a safety program for you

Liquor Liability and Organization:

What type of liquor training is given servers?
Is there a written policy on serving alcohol for employees and customers? Yes: No:
Are these situations documented? Yes: No:

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:

Do you have a tasting room? Yes: No:
Number of seats:
Number of drinks or samples allowed:
Size of drinks or samples served:
Tasting room drinks or samples served by: