

## CRAFT BREWERY & DISTILLERY RENEWAL APPLICATION

### GENERAL INFORMATION

Legal Business Name:  
 Website Address:  
 Association Memberships Held:  
 Risk Management Contact: Risk Manager Phone:  
 Risk Manager Email:  
 Number of Locations: (complete a separate application for each location)

### SECTION I - PRODUCTION & REVENUE INFORMATION

Barrels produced prior year: Barrels projected coming year:  
 Revenues prior year: \$ Projected revenues coming year: \$  
 Size of brewing/ distilling system:

#### Manufacturing Revenue Per Location For the Coming 12 Months

Beer – Kegs	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/ Spirits	\$
“To Go / Carry Out” Beer / Liquor (Growlers, Kegs, 6 Packs, etc.)	\$

#### On-Site Tap / Testing Room Revenue Per Location For the Coming 12 Months

Beer – Draft	\$
Beer – Bottles	\$
Beer – Cans	\$
Liquor/ Spirits – Insured’s Brand(s)	\$
Wine/ Other Branded Beer or Liquor/ Spirits (please describe):	\$
Food / Non-Alcoholic Beverages	\$
Merchandise / Gift Shop	\$

- Does the Applicant manufacture and/ or package other beverages (i.e. wine, soda, kombucha, etc.)? Yes No  
 If yes, please explain:
- What is the Applicant’s current distribution area?
- Does the Applicant export any product? Yes No  
 If yes, what percentage of sales: % To what countries:

**SECTION II - POLICIES & PROCEDURES**

- |  |     |    |
|--|-----|----|
| 1. Does the Applicant have a formal Product Recall Plan in place?  | Yes | No |
| 2. Does the Applicant have a formal Quality Assurance program?     | Yes | No |
| 3. Are tours of the brewing/ distilling production areas provided? | Yes | No |
| a. Is there always an employee tour guide?                         | Yes | No |
| b. Are samples provided and ID's checked for samples?              | Yes | No |

**SECTION III - BREWING/ DISTILLING AND REFRIGERATION EQUIPMENT**

- |   |     |    |
|---|-----|----|
| 1. Are generators used for power back-up in the event of a power interruption?<br>If yes, how long will the generators sustain operations?  | Yes | No |
| 2. Are there solar panels in use by the Applicant either attached or on premises?<br>If yes, is this for Emergency Back-Up Only and is the equipment equal to or less than 500kw in capacity? | Yes | No |

**SECTION IV - PROPERTY INFORMATION**

- |   |      |    |
|---|------|----|
| 1. Are operations conducted from a residential location?  | Yes  | No |
| 2. Is aging / storage in a separate building from the still house?  | Yes  | No |
| 3. What type of still is used?                      Open System                      Closed System                                      |      |    |
| 4. What is the heating source of the still?<br>Electric                      Gas                      Steam                      Other: |      |    |
| 5. Explosion proof electrical connections?<br>If yes:   | Yes  | No |
| Distance from the still/ brewing equipment, condenser, containers, etc.:  | feet |    |
| Distance from any Open Transfer Area:   | feet |    |
| Distance from any Bottling Area:  | feet |    |
| 6. Pressure relief?   | Yes  | No |
| 7. Pressure monitoring alarms?  | Yes  | No |
| 8. High temperature limit alarm?  | Yes  | No |

**WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |   |      |    |     |
|---|------|----|-----|
| 1. Fire Protection and Testing  |      |    |     |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
| ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines)   |      |    |     |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. Automatic Water Shutoff Devices  |      |    |     |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. Unused/Vacant Spaces   |      |    |     |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists)  |      |    |     |
| a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. General Comments:  |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(IF THIS IS A FLORIDA RISK, PRODUCER MEANS FLORIDA LICENSED AGENT)

AGENCY

PRODUCER LICENSE NUMBER  
(IF THIS A FLORIDA RISK, PRODUCER MEANS FLORIDA LICENSED AGENT)

ADDRESS (STREET, CITY, STATE, ZIP)