

CRAFT BREWERY & DISTILLERY SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLI Craft Beverage Supplemental Application
- Completed ACORD Application(s) for all lines of coverage being requested
- Currently valued insurance company loss runs for current policy period plus three (3) prior years
- Brochure and advertising materials
- Color photos of brewing/ distilling equipment and storage area
- Resume of owner and/or brew master/head distiller, and business plan including financials for operations in business less than three (3) years

APPLICANT INFORMATION

Applicant Name:
 Website Address:
 Year Established: FEIN: Liquor License Number:
 Association Memberships Held:
 Risk Management Contact: Risk Manager Phone:
 Risk Manager Email:

SECTION I - PRODUCTION & REVENUE INFORMATION

Barrels produced prior year: Barrels projected current year:
 Revenues prior year: \$ Projected revenues current 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 (Grolers, 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	\$

1. Does the Applicant manufacture and/ or package other beverages (i.e. wine, soda, kombucha, etc.)? Yes No
 If yes, please explain:
2. What is the Applicant’s distribution area?
3. Does the Applicant distribute any products themselves? Yes No
 If yes, number of vehicles used: Radius of travel:

4. 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. Has the Applicant ever had a product contamination incident or had to recall a product? Yes No
 If yes, provide details, including cost incurred:
3. Does the Applicant currently have Product Contamination or Recall Insurance? Yes No
 If yes, what limits and deductible: \$ Deductible: \$
 If yes, who is the carrier:
 Does the Applicant have knowledge of any fact or circumstances which may lead to a claim under the proposed insured? Yes No
4. How are the Applicant's products identified as an item you have produced?
5. How long are production records maintained:
 a. Is this longer than the life expectancy of the product? Yes No
6. Does the Applicant maintain product records on the following:
 a. Raw materials Yes No
 b. Quality controls records Yes No
 c. Raw material suppliers information Yes No
 d. Purchasers information Yes No
7. Is a batch code system utilized? Yes No
 a. Is this system able to trace back to raw materials? Yes No
8. Does the Applicant have a formal Quality Assurance program? Yes No
9. Does the Applicant have a formal Supply Assessment program of its suppliers? Yes No
10. Does the Applicant perform audits on its' suppliers' Quality Assurance procedures? Yes No
11. Is the Applicant accredited with good manufacturing practices which include HACCP principals such as SQF, FSSA 22000, or ISO? Yes No
12. Are trademark investigations done prior to finalization of new products/ labels? Yes No
13. Is a certificate and additional insured status required from all vendors? Yes No
14. Is product testing utilized by the Applicant's company? Yes No
 If yes, please describe the testing procedures utilized by the Applicant's company?
 (e.g. microbiological, x-ray, metal detections, steam / heat pasteurization, irradiation)
15. Are "test and hold" procedures utilized at the Applicant's site? Yes No
16. Does the Applicant test incoming raw materials? Yes No
17. Does the Applicant import products or packaging directly from sources outside the U.S.? Yes No
 If yes, provide details:
18. What percentage of the Applicant's products are packaged in glass and who are their glass suppliers? %
 Provide copies of contracts with glass suppliers.
19. Are there any oral or written agreements in place with the Applicant's glass suppliers that bar the Applicant or their insurer from seeking redress against glass suppliers or otherwise limit the Applicant's liability in any way to glass suppliers? Yes No
20. 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. Was the equipment purchased new? | Yes | No |
| 2. What is the barrel capacity of the equipment? | | |
| 3. Please provide details of the sanitation procedure: | | |
|
 | | |
| 4. What country(ies) was the brewing/ distilling equipment manufactured in: | | |
| 5. Is there a regular service plan in place for all brewing/ distilling and refrigeration equipment? | Yes | No |
| 6. How many boilers are used at each location to provide process steam: | | |
| 7. Who is the manufacturer and what is the construction type of each boiler: | | |
|
 | | |
| 8. What is the expiration date of each boiler's state/ local certificate of operation: | | |
|
 | | |
| 9. How old is the boiler and brewing equipment at each facility: | | |
| 10. Number of losses/ claims made for equipment breakdown over the past five years:
Please provide details of each event. | | |
|
 | | |
| 11. How often is the Applicant's equipment examined for leaks? | | |
| 12. Are generators used for power back-up in the event of a power interruption?
If yes, how long will the generators sustain operations? | Yes | No |
| 13. Are there solar panels in use by the Applicant either attached or on premises?
If yes, is this for Emergency Back-Up Only and is the equipment equal to or less than 500kw in capacity? | Yes | No |
| | Yes | No |

SECTION IV - PROPERTY INFORMATION

- | | | |
|---|-----|----|
| 1. Is the building on any historical registry (local, state, or federal)?
If yes, what are the re-build requirements? | Yes | No |
|
 | | |
| 2. Is the building over 100 years old?
If yes, complete a PHLA 100 Year Old Building Supplemental for each building over 100 years of age. | Yes | No |
| 3. Are there other businesses in the building?
If yes, list other businesses: | Yes | No |
|
 | | |
| 4. Does the Applicant mill its own grain?
If yes, provide details of ventilation, dust control, and room details: | Yes | No |
|
 | | |
| 5. Are operations conducted from a residential location? | Yes | No |
| 6. Is aging /storage in a separate building from the still house? | Yes | No |
| 7. What type of still is used? Open System Closed System | | |
| 8. What is the heating source of the still?
Electric Gas Steam Other: | | |

- | | | | | |
|-----|--|------|-----|----|
| 9. | Explosion proof electrical connections? | | Yes | No |
| | If yes: | | | |
| | Distance from the still/ brewing equipment, condenser, containers, etc.: | feet | | |
| | Distance from any open transfer area: | feet | | |
| | Distance from any bottling area: | feet | | |
| 10. | Pressure relief? | | Yes | No |
| 11. | Pressure monitoring alarms? | | Yes | No |
| 12. | High temperature limit alarm? | | Yes | No |
| 13. | Property Values: | | | |
| | Value of Brewing/ Distilling Equipment (bolted to the ground) | \$ | | |
| | Value of Brewing/ Distilling Equipment (not bolted to the ground) | \$ | | |
| | Value of Raw Materials on hand (average) | \$ | | |
| | Value of Inventory (aging in barrels or fully finished) | \$ | | |

SECTION V - LIQUOR LIABILITY

- | | | | | |
|----|--|--|-----|----|
| 1. | Are all employees and volunteers TIPS, TAM or a similar alcohol awareness trained?
If no, what is the training procedure? | | Yes | No |
| 2. | Has the Applicant's liquor license ever been revoked or suspended?
If yes, when and explain: | | Yes | No |
| 3. | Have there ever been any citations by a liquor control board?
If yes, when and explain: | | Yes | No |
| 4. | What controls are there to prevent over serving: | | | |
| 5. | What are the procedures for handling an intoxicated patron: | | | |

SECTION VI - BEVERAGE AND FOOD SERVICE INFORMATION

- | | | | | |
|----|---|--------------------|-------------------|----------|
| 1. | Does the Applicant operate a tasting room/ restaurant? | | Yes | No |
| | If yes: | | | |
| a. | What are the hours of operation: | | | |
| b. | Are there drink specials or a "happy hour"? | | Yes | No |
| c. | Number of drinks or samples allowed: | | | |
| d. | Size of drinks or samples served: | | | |
| e. | Seating capacity: | | | |
| 2. | Does the Applicant operate a kitchen? | | Yes | No |
| | If yes: | | | |
| a. | What are the hours of food service: | | | |
| b. | Indicate types of cooking equipment (check all that apply): | | | |
| | Commercial ovens | Deep fat fryers | Open flame grills | Broilers |
| | Pizza ovens | No cooking present | Other (explain): | |
| c. | Are cooking areas protected by a UL300? | | Yes | No |

- d. How often are grease filters cleaned:
 - i. What is the cleaning method:
- e. How often is the hood and duct work cleaned:
- f. How often is the suppression system inspected and serviced:
- g. By whom is the system inspected and serviced:
- h. Do cooking appliances have automatic fuel shut-off valves? Yes No
- i. If there are deep fat fryers, do they have high limit switches? Yes No
- j. Are employees trained in the use of the extinguishing system? Yes No

SECTION VII - ENTERTAINMENT AND EVENT INFORMATION
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- 1. Is there a dance floor on the premises? Yes No
- 2. Is there any live entertainment? Yes No
If yes, please explain:

- 3. Does the Applicant hold events at the facility? Yes No
If yes:
 - a. What type:
 - b. What is the number of people permitted:
 - c. What safety controls are there:

- d. Are facility renters required to obtain Event Insurance and name the Applicant's operation as an Additional Insured? Yes No
- e. As host of events which exceed normal operations (hours, space, capacity) does the Applicant obtain Special Events Insurance Coverage? Yes No
- 4. Does the Applicant attend off premises events? Yes No
If yes:
 - a. What type(s):
 - b. Average number per year:
 - c. What safety controls are there:

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

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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)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City:
Website: www:
Nature of Operations:

State: Zip:

-
1. Annual sales or revenue: \$

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

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

SIGNATURE

DATE

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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)