

CRAFT BREWERIES APPLICATION SUPPLEMENT

PREQUALIFIERS – Risk(s) are ineligible if they include any of the following characteristics. Please complete:							
	, ,				Yes	No	
2.	Tasers, or stun guns). Operates as a nightclub, cabaret (including host/hostess bar), exotic dancing or strip club.						
4.	Hazardous entertainment provided (i.e. punk/rap, underground bars, wrestling for entertainment, stage diving, body surfing, mechanical bull, mosh pits, or pyrotechnic display(s). Operates on a seasonal basis. If yes: a. Water for plumbing, pipes and sprinkler systems remains on while operations are closed. b. Building is unheated during the off-season.						
5.	c. Applicant checks the building less frequently than once per week when closed for the season. Does not meet all required state, county or city laws/ordinance requirements relating to licensing,						
6. 7.	Auto extinguishing systems does not cover all cooking surfaces and deep fryers.						
9. 10.	All alcohol-serving emplo	oyees are NOT certified program in place for yo	in a Formal Alcohol Tra ur brewery products.	aining Course.	on of		
12.	11. Establishment has a YELP rating of less than 3 stars and poor reviews related to the condition of premises or security incidents.12. No formal safety and housekeeping program in place.13. Establishment has declared/filed bankruptcy (Chapter 7, 11 or 13) within the last 3 years.						
	NERAL INFORMATION	red/filed barikruptcy (Cr	iapter 7, 11 or 13) with	ii tile iast 3 years.			
		In a company O O O O O O O O O O O O O O O O O O O					
1. 2.	Mailing Address Stre	Insured & Other Named	City	County Si	tate Z	ZIP Code	
3.	Location Address	Street	City		tate Z	IP Code	
4.	· —	Individual Partne Other (specify):	rship	on	ıre LLC		
5.	Contact Name:	(1 7/	Contact P	hone Number:			
6.	Website:						
7.	Policy Period Desired: From: To:						
8.	Date Business Started:						
9.	Hours of Operation:	Monday – Thursday	Friday	Saturday	Sun	day	
10.	Management's years of	f experience:					
11.	Clientele age:	☐ 18-25 ☐ Over 35 years	%	☐ 25-35 ☐ Over 50 years		%	
12.							

13.	Area of Premises:	Premises: Area of Parking Lot/Field: Are there any uneven surfaces?						
	sq. ft.	•			□ No			
14.	Licensed for Number of Oc	d for Number of Occupants: Number of Employees:						
GEI	NERAL LIABILITY			1				
Cov	verages/Limits Requested							
	Each Occurrence		\$ Each Occurrence					
	General Aggregate		\$ General Aggregate					
	Products-Completed Opera	ations	\$	\$ Each Occurrence \$ General Aggregate \$ Products-Completed Operations Aggregate \$ Personal and Advertising Injury \$ Damage to Premises Rented to You \$ Medical Payments \$ Employee Benefits \$ Assault & Battery Occurrence/Aggregate \$ Hired and Non-Owned \$ Liquor Liability				
	☐ Personal and Adve	rtising Injury	\$	Pers	Personal and Advertising Injury			
	Damage to Premis	es Rented to You	\$	Dan	Damage to Premises Rented to You			
	☐ Medical Payments		\$	Med	Medical Payments			
	☐ Employee Benefits		\$	Emp	oloyee Benefits			
	☐ Assault & Battery		\$	Ass	ault & Battery Occ	urrence/Aggregate		
	☐ Hired and Non-Ow	ned	\$	Hire	d and Non-Owned	I		
	Liquor Liability		\$	Liqu	or Liability			
	GL Deductible		\$					
	Liquor Deductible		\$					
A al a	distance la como do							
Add	ditional Insureds		Addres		1	Interest		
	Name		Addres	5 5		Interest		
RF\	VENUE							
	vide annual sales for food and	l alcoholic heverad	es (liguor h	eer and wine).				
	Alcohol	Alcoho		Food	Other	Total		
	On-Sale	Off-Sal		Sales	Sales	Sales		
	kt 12 months \$	\$	\$		\$	\$		
	st 12 months \$	\$	\$		\$	\$		
OPI	OPERATIONS							
1. Type of Operation (check all which apply):								
	Type of Operation (check al	which apply):						
	Type of Operation (check al ☐ Banquet Facility			4. 1				
	Type of Operation (check al ☐ Banquet Facility Do you or your custo		ices related	to banquets, wed	ddings, meetings, e	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe:	mers hire any serv	ices related	to banquets, wed	ddings, meetings, e	etc.? Yes No		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour	mers hire any serv			ddings, meetings, e	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or	mers hire any serv	☐ Yes	No	ddings, meetings, e	etc.? Yes No		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains?	mers hire any serv	☐ Yes	□ No	ddings, meetings, e	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains? Tours supervised by	mers hire any serv	☐ Yes	No	ddings, meetings, o	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains? Tours supervised by Comedy Club	mers hire any serv	☐ Yes	□ No	ddings, meetings, e	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk	mers hire any serv	☐ Yes	□ No	ddings, meetings, e	etc.?		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar	mers hire any serv	☐ Yes	□ No	ddings, meetings, e	etc.? Yes No		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar Restaurant	mers hire any serv floors? employees?	☐ Yes	□ No	ddings, meetings, e	etc.? Yes No		
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar	mers hire any serv floors? employees?	☐ Yes	□ No	ddings, meetings, e			
2.	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces on Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar Restaurant Other - Describe in deta	mers hire any serv floors? employees?	☐ Yes ☐ Yes ☐ Yes	□ No	ddings, meetings, e	etc.?		
2. 3.	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar Restaurant Other - Describe in deta	mers hire any serv floors? employees?	☐ Yes ☐ Yes ☐ Yes	□ No	ddings, meetings, e			
	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar Restaurant Other - Describe in deta Any watercraft, docks, or float Do you cater?	mers hire any serv floors? employees?	☐ Yes ☐ Yes ☐ Yes	□ No	ddings, meetings, e			
3.	Type of Operation (check al Banquet Facility Do you or your custo If yes, describe: Brewing Operation Tour Non-skid surfaces or Floor drains? Tours supervised by Comedy Club Food Truck/Kiosk Hookah or Shisha Bar Restaurant Other - Describe in deta	mers hire any serv floors? employees? il:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Heased?	□ No □ No □ No	ddings, meetings, o			

SUB	CONTRACTED WORK N/A		
		Yes	No
1.	Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor?		
2.	Do you utilize a standardized contract with all of your subcontractors?	П	
3.	Do you require subcontractors to:	_	_
	a. Carry General Liability coverage with coverage and limits equal or greater than your own?		
	b. Name you as an Additional Insured?	一	$\overline{\Box}$
	c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	\Box	\Box
	d. Keep records?	\Box	
4.	Total cost of work subcontracted: \$		<u>—</u>
5.	Describe work performed by all subcontractors:		
ENT	ERTAINMENT		
1.	Do you feature any entertainment?		
	a. If yes, how often? per year		
	b. Entertainment type: Band Velcro Walls, Stage Diving Karaoke		
	☐ DJ ☐ Body Surfing ☐ Pyrotech	nic Displa	ays
	☐ Juke Box ☐ Mosh Pits ☐ Solo Voc	alist	
	☐ Stage/Floor Show or Contest – describe:		
	Other – describe:		
2.	Is there a dance floor?		
	If yes, indicate size of dance floor: sq. ft.		
3.	Do you have any amusement devices and/or sports facilities? Yes No		
	(i.e. Basketball/Volleyball Courts, Baseball Field, Pool Tables, Foosball, Air Hockey, Dart Boards, Mechanica.	l Bulls, etc	;.)
	If yes, describe:		,
SEC	URITY/SAFETY		
		Yes	No
1.	Is the insured/manager on duty during all open hours?		
	If no, explain:		_
2.	Number of exits:		
	a. Are all exits marked with exit signs?		
	b. Are all exits equipped with panic door hardware?		
	If no, are all exits unlocked during business hours?	\Box	H
	c. Are all exits secured from unauthorized entry per state requirements?		H
3.	Is there emergency lighting?	H	Ä
4.	Is the parking lot under the applicant's control?	H	H
••	If yes, are there security cameras?	Ħ	Ħ
ASS	AULT & BATTERY		
7.00	NOTI & BATTER!	Yes	No
1.	Do you employ "bouncers", I.D. checkers, and/or other security guards?	. ∪3 □	.
			ш
	·	\vdash	
2		\vdash	
۷.	If yes, do they provide Certificates of Insurance with equal or greater limits?		
3			
2.	If yes, do bouncers/guards comply with: a. State license/permit requirements? b. Your written guidelines regarding behavior standards for bouncers and/or security guards? Do you hire private bouncers and/or security guards?		
3. 4.	Do you hold harmless any private bouncers and/or security guards? Have you had any assault or battery claims/incidents within the last 3 years?		
5.	Does the establishment require a cover charge?	\Box	Ħ

SPECIAL EVENTS						
If you have any special events that occur off of your premises, please refer to the Special Events Application Supplement, S62-CG.						
	UCT LIABILITY COVERAGE					
PROL	OCT LIABILITY COVERAGE			Vac Na		
	Danier community EDA and	TDD /Tau 0 Trada Da		Yes No		
	Do you comply with FDA and	IBB (Tax & Trade Bureau)	requirements?			
	Is batch testing required?			님님		
	Is there a written product reca					
LIQU	OR LIABILITY COVERAGE	☐ Yes ☐ No ☐	N/A			
	Yes No					
1.	Do you have three or more liquor losses/violations in the past three years under current					
	management?					
2.	Is there ongoing employee tra	ining that includes written a	nd enforced policies/procedu	ures for 🔲 🔲		
	intoxicated customers and mir	nors?				
3.	Do you offer any "open bars" p	providing alcohol at no char	ge, "All You Can Drink", BYC	DB, or		
	any promotional event? (Tast	ing is acceptable)				
	If yes, describe:					
	•					
PROP	ERTY COVERAGE	s □ No □ N/A				
Locati						
	2.					
	3.					
	0.	Location 1	Location 2	Location 3		
Buildir	ng Limit	\$	\$	\$		
	_					
	ess Personal Property Limit	\$	\$	\$		
Deduc		\$	\$	\$		
	ruction Class					
	tion Class					
Year E	Built					
# Stor	ies					
	ır Alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
	ses Fire Protection (i.e.					
	Sprinklers, Co2/Chemical System)					
Buildir	ng Improvements (incl. Year)	☐ Wiring	Wiring	☐ Wiring		
		Heating	Heating	Heating		
		Plumbing	☐ Plumbing	☐ Plumbing		
		Roofing	Roofing	Roofing		
		Other	Other	☐ Other		
Smoke Detectors?		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Numb	er of Fire Extinguishers					
	ktinguishers serviced and	Yes No	☐ Yes ☐ No	☐ Yes ☐ No		
tagged within the past year?						
ADDITIONAL COVERAGES – Check all that apply.						
☐ Business Income/Extra Expense \$ Limit						
☐ Eq	☐ Equipment Breakdown Coverage					
☐ Spoilage Coverage ☐ \$5,000 Limit ☐ \$10,000 Limit ☐ Other Limit \$						
☐ Ordinance or Law Coverage						
Coverage A Limit \$: Coverage B Limit \$: Coverage C Limit \$:						
☐ Drain Backup Coverage ☐ Preferred Property Extension Coverage						
	☐ Peak Season Coverage ☐ Property Extension Coverage					

COOKING HAZARDS						
						Yes No
1.	Is any type of cooking (other that	an microwave cook	king) done on pre	emises?		
2.	Semi-annual service contract for	or auto extinguishin	g equipment?			
3.	Automatic gas or electric shut-o	off for cooking with	manual pull?			
4.	Are hoods and ducts equipped	with filters?	•			
5.	Are filters cleaned at a MINIMU	M of every six mor	nths?			
6.	Are fire extinguishers accessibl	e to cooking areas	?			
7.	Is there any tableside cooking of	or open pit barbecu	ies?			
8.	Does the brewing equipment ha	ave relief valves?				
9.	Is there a written maintenance	plan in place for the	e brewing and re	efrigeration e	quipment?	
HIST	DRY					
Yes No 1. Were any operations sold, acquired, or discontinued in the last five years? 2. Does applicant have any other business ventures for which coverage is not requested? If yes, explain:						
DDIO	R CARRIER INFORMATION					
	ous Insurer and Loss History: In	dicate all claims or	· losses (regardle	ess of fault a	nd whether	or not insured) or
	rences that may give rise to clair					Runs attached
Yea		Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
Missouri Applicants: DO NOT answer this question. Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years? No Yes - If Yes, give name of company, date, and reason.						
FRAL	ID STATEMENTS					
FLORIDA: 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 the third degree.						
LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Refer to the Core Application for all Fraud Statements.						
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IMPORTANT NOTICE						
DECLARATION LDECLARE THAT THE STATEMENTS MADE IN THIS ADDITIONADE COMDITTE AND THE						
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.						
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.						
SIGNATURES						
Applica	nt Signature		Title			Date
Produc	Producer Signature Date					
Producer Name and Address						