



Conifer  
Insurance  
Company

# Craft Beverage Insurance Program: Brew Pub Supplemental Application

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Inspection Contact Phone Number: \_\_\_\_\_

Insured Type:  Individual  Partnership  Corporation  Other

Proposed Policy Term: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Seasonal?  Yes Or  No

## Underwriting Information

Is This a New Venture?  Yes or No

Is the Risk Open for Business?  Yes or No

Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Description of Operations:  Bar/Tavern  Restaurant  Private Club  Night Club

Other (Specify) \_\_\_\_\_

Portion of the Building Occupied by the Applicant? \_\_\_\_\_ %Entire \_\_\_\_\_ %Grade Floor \_\_\_\_\_ %Other

Construction: \_\_\_\_\_ Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Non-Combustible \_\_\_\_\_ Fire Resistive

Number of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_ Protection Class: \_\_\_\_\_

Burglar Alarm: \_\_\_\_\_ Local \_\_\_\_\_ Central Station Fire Alarm

Recent Updates: \_\_\_\_\_ Fire Department: \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid

Roof \_\_\_\_\_

Plumbing \_\_\_\_\_ How Long Has the Insured Been in Business at This Location? \_\_\_\_\_

Electrical \_\_\_\_\_ Freestanding Building?  Yes or  No

Heating \_\_\_\_\_ Central Alarm?  Yes or  No

What Are the Adjacent Exposures? \_\_\_\_\_

Total Area \_\_\_\_\_ Area of Restaurant \_\_\_\_\_ Area of Banquet Rooms \_\_\_\_\_

# of Apts \_\_\_\_\_ Total Sales \_\_\_\_\_ Total Food Sales \_\_\_\_\_

Total Liquor Sales \_\_\_\_\_ Other Sales \_\_\_\_\_

What Is the Extent of the Cooking? \_\_\_\_\_

Does the operation provide any catering / delivery services?  Yes  No

If yes, please describe the extent of these services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Devices	Device Used	Under Hood?		Auto Fuel Shut Off?		Surface Protections?	
Grills	Electric or Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deep Fryers	Electric or Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broilers	Electric or Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Range / Oven	Electric or Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Electric or Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is Gas Safety Shut-Off Marked?  Yes or  No Frequency of Filter Cleaning? \_\_\_\_\_

Are Ducts Specifically Treated With Fire Retardant Material? By Whom? \_\_\_\_\_  
 Yes or  No Frequency of Hood Cleaning? \_\_\_\_\_

Is Cooking Equipment Protected by an Ansul System? By Whom? \_\_\_\_\_  
 Yes or  No Last Service Date for Fire Extinguishers? \_\_\_\_\_

Is the Cooking Equipment UL300 Compliant? By Whom? \_\_\_\_\_  
 Yes or  No # of Fire Extinguishers in Kitchen? \_\_\_\_\_  
# of Fire Extinguishers in Dining Room? \_\_\_\_\_

**Brew Pub Operations Section**

Was operation built as a Brew Pub or is the operation a conversion from an existing restaurant or other facility (if so, please explain):  
\_\_\_\_\_  
\_\_\_\_\_

Is the operation a member of any trade organizations?  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Does the operation brew its own beer on-site?  Yes  No

List qualifications of Head Brew Master, or attach resume: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a formal quality control program in-place?  Yes  No

Did the operation purchase its brewing equipment  New  Used

What is the age of the brewing equipment? \_\_\_\_\_

What is the size (barrel capacity) of the brewing system? \_\_\_\_\_

Does the operation have brewing facilities in more than one location? Yes  No

Is the brewed beer pasteurized? Yes  No

How is unpasteurized beer kept fresh from spoilage? \_\_\_\_\_

What types of refrigeration systems are used at the insured facility? \_\_\_\_\_  
\_\_\_\_\_

Please describe the brewing operation's sanitation procedures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are the brewed products packaged or bottled? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the operation batch code the beverage it brews? Yes  No

If yes, how long are records retained? \_\_\_\_\_

Does the operation have a written product recall plan in-place? Yes  No

For serving / pouring draught beer, please describe the dispensary system and components: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often are the draught systems cleaned and serviced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the operation conduct tours of the brewing operations? Yes  No

Are group tours conducted from enclosed walkways with observation windows, or are visitors allowed directly into production areas? Please describe: \_\_\_\_\_  
\_\_\_\_\_

Is complementary beer provided or made available upon completion of the tour? Yes  No

Does the operation have a retail shop on the premises? Yes  No

General Aggregate (Other Than Products – Completed Operations) Limit \$ \_\_\_\_\_

Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_

Personal and Advertising Injury Limit \$ \_\_\_\_\_

Each Occurrence Limit \$ \_\_\_\_\_

Damage to Premises Rented to You Limit \$ \_\_\_\_\_

Medical Expense Limit \$ \_\_\_\_\_

Loc #	Classification	Class Code	Exposure	Premium Basis (Receipts, Area or Units)

Is Entertainment Provided?  Yes or  No If Yes, Please Describe: \_\_\_\_\_

Athletic Events Sponsored?  Yes or  No If Yes, Please Describe: \_\_\_\_\_

**Property Section**

Limits Desired Cause of Loss:  Basic  Special

Building \$ \_\_\_\_\_  RC  ACV Deductible \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

Contents \$ \_\_\_\_\_  RC  ACV Deductible \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

Bus Income \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

Satellite Dish \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

Sign \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

Other \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Co-Ins % \_\_\_\_\_

**Crime Section**

Coverage Type Desired Coverage Limit Desired

Crime Form C: Theft, Destruction and Disappearance \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Inside the Premises Outside the Premises

Crime Form E: Premises Burglary \$ \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_ Inside the Premises

Crime Form Q: Robbery of Money & Securities and Safe Burglary \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ Inside the Premises Outside the Premises

**Additional Interests (Please Be Specific)**

Name: \_\_\_\_\_  Additional Insured  Loss Payee  
Address: \_\_\_\_\_  Lender's Loss Payee  
Interest: \_\_\_\_\_  Mortgagee  Contract of Sale

Name: \_\_\_\_\_  Additional Insured  Loss Payee  
Address: \_\_\_\_\_  Lender's Loss Payee  
Interest: \_\_\_\_\_  Mortgagee  Contract of Sale

**Liquor Liability Section**

Licensee Name: \_\_\_\_\_

Entertainment:	Days per Week	Days per Week	Days Per Week
<input type="checkbox"/> DJ _____	<input type="checkbox"/> Topless _____	<input type="checkbox"/> Juke Box _____	
<input type="checkbox"/> Band _____	<input type="checkbox"/> Dancing _____	<input type="checkbox"/> Pool Tables # _____	
<input type="checkbox"/> Keno _____	<input type="checkbox"/> Karaoke _____	<input type="checkbox"/> Dart Boards # _____	

Number of Alcohol Servers Employed \_\_\_\_\_ Number Who Are TIPS/TAMS Certified \_\_\_\_\_

Does the Applicant Hire or Utilize Bouncers?  Yes  No If Yes, How Many? \_\_\_\_\_

Limits of Liability:

50/50  50/100  100/100  100/300  300/300  300/600  500/500  500/1MIL  1MIL/1MIL

**Individual Risk History**

Has the Establishment Been Cited for a Violation of Any Liquor Laws in the Past Five (5) Years?

Yes  No If Yes, Give Date & Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Liquor Liability Coverage Ever Been Cancelled, Declined, Non-Renewed or Had a Lapse in Coverage?

Yes  No If Yes, Give Date and Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Your Current Liquor Policy Exclude Assault or Battery?

Yes  No      If No, What is the Current Assault or Battery Limit? \_\_\_\_\_

Does Your Current General Liability Policy Exclude Assault or Battery?

Yes  No      If No, What is the Current Assault or Battery Limit? \_\_\_\_\_

Prior Carrier Information (Please Give Detailed History, Including Coverage Premiums)

<b>Policy Term</b>	<b>Insurance Carrier</b>	<b>Property Premium</b>	<b>Liability Premium</b>
From:      To:		\$	\$
From:      To:		\$	\$
From:      To:		\$	\$

Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Three Years)

<b>Date of Occurrence</b>	<b>Description of Loss</b>	<b>Status</b>	<b>Paid</b>	<b>Reserved</b>

Prior Liquor Liability Carrier Information (Please Give a Detailed History, Including Coverage Premiums)

<b>Policy Term</b>	<b>Insurance Carrier</b>	<b>Limits</b>	<b>Premium</b>
From:      To:			\$
From:      To:			\$
From:      To:			\$

Liquor Liability Claims History (Please List All Claims or Occurrences That May Give Rise to Claims for the Prior Five Years)

<b>Date of Occurrence</b>	<b>Description of Loss</b>	<b>Status</b>	<b>Paid</b>	<b>Reserved</b>

**Agent Information**

Has the Agent Personally Inspected the Applicant's Premises?  Yes  No

Condition of Risk?  Excellent  Good  Fair  Poor

Any Other Information That Is Pertinent to This Risk? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent's Email: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." Is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** 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.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.