



Conifer  
Insurance  
Company

# Craft Beverage Insurance Program: Microbrewery / Distillery 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:  Microbrewery  Distillery  
 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 \_\_\_\_\_



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

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

### Brewery / Distillery Operations Section

Was operation built as a Microbrewery/Distillery or is the operation a conversion from an existing factory, warehouse or other facility? (if so, please explain):

\_\_\_\_\_

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

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

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

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

Did the operation purchase its brewing/distilling equipment  New  Used

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

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

Does the operation have brewing / distilling 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 / distilling operation's sanitation procedures \_\_\_\_\_

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

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

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





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Other \$ \_\_\_\_\_

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

## Crime Section

Coverage Type Desired

Coverage Limit Desired

Crime Form C: Theft, Destruction and Disappearance

\$ \_\_\_\_\_  
Inside the Premises

\$ \_\_\_\_\_  
Outside the Premises

Deductible \$ \_\_\_\_\_

Crime Form E: Premises Burglary

\$ \_\_\_\_\_  
Inside the Premises

Deductible \$ \_\_\_\_\_

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

Deductible: \$ \_\_\_\_\_

## 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

## 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? \_\_\_\_\_



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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)

Policy Term	Insurance Carrier	Property Premium	Liability Premium
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)

Date of Occurrence	Description of Loss	Status	Paid	Reserved

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

Policy Term	Insurance Carrier	Limits	Premium
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)

Date of Occurrence	Description of Loss	Status	Paid	Reserved



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### 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.