

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

MICROBREWERIES, WINERIES, AND DISTILLERIES
SUPPLEMENTAL APPLICATION
WITH OPTIONAL LIQUOR LIABILITY

TO BE COMPLETED IN ADDITION TO ACORD APPLICATION OR ITS EQUIVALENT

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Web Address: _____

Inspection Contact: _____

Proposed Policy Period: _____ to _____ Phone Number for Inspection Contact: _____

Applicant is: Individual Partnership Corporation Joint Venture Other _____

Location Address: _____

1. Risk Classification – Provide detailed description of your business operations including target clientele:

*Clientele by age: 21-25 _____% 26-30 _____% 30-40 _____% over 40 _____%

2. Hours of Operation:

3. Total occupancy rate (indoor and outdoor seating): _____

4. Does the insured offer tours of the facility and/or property? Yes No

If yes, how many tours are offered daily? _____

What is the maximum group size? _____

Does the risk charge a fee for the tour? Yes No

If so, how much per person? _____

Does the risk offer samples or tastings during the tour? Yes No

Are these complimentary or does the insured charge a fee? _____

If so, does the risk have a maximum number of samples or ounces provided per person? Yes No

Maximum number of samples: _____ Maximum number of ounces: _____

Are visitors permitted to purchase bottles or pitchers and consume them on premises? Yes No

5. Total square foot area of premises: _____

If there is a kitchen or food preparation area on premises, indicate square foot area: _____

Number of Cooking Units? _____ Ranges _____ Ovens _____ Deep Fat Fryers _____ Broilers _____ Grills _____

Is all cooking performed under hoods? Yes No

Are all surfaces protected by a working fire suppression system (e.g., Ansul System)? Yes No

Is there a service agreement in place? Yes No

Is a service agreement in place for cleaning ventilation ducts? Yes No

Provide Service Schedule: _____

6. If risk does not have a kitchen, is food provided by an outside vendor? Yes No
 If yes, describe (e.g. food trucks/stands, outside delivery services, etc.): _____

7. Annual Gross Receipts (Declare all that apply):

	Policy Year Estimate	Last Year Actual
Food	\$	\$
Non-Alcoholic Beverage	\$	\$
Alcoholic Beverage	\$	\$
Package Beverage	\$	\$
Catering	\$	\$
Hall Rental	\$	\$
Other (describe):	\$	\$

8. Provide Staff Details by Job Description:

Job Description	Number	Number	Average # on Duty Any One Time	Alcohol Server Formal Training Course (TIPS, TOPS, RAMP or TAM)
Bartenders:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bouncers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cashier:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Host/Hostess:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managers:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Servers	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Full Time _____	Part Time _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do you sponsor any on or off-site special events contests or activities? (If yes, provide details)..... Yes No

10. Indicate all premises entertainment or amusement devices: (check all that apply)

<input type="checkbox"/> Bands (3 or more individuals)	<input type="checkbox"/> Bowling Lanes
<input type="checkbox"/> Burlesque/Nudity	<input type="checkbox"/> Electronic Video Games
<input type="checkbox"/> Piano Bar <input type="checkbox"/> Dinner Theater	<input type="checkbox"/> Gambling/Gaming
<input type="checkbox"/> Karaoke <input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Pool Table <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Darts
<input type="checkbox"/> Open Mic <input type="checkbox"/> Standup Comedy <input type="checkbox"/> Talent Nite	<input type="checkbox"/> Mechanical Bull
<input type="checkbox"/> Juke Box	<input type="checkbox"/> Sports Courts <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Other

Provide complete description of "other" entertainment or devices not mentioned above:

11. Do you hold a liquor license? Yes No

If yes, Type of liquor license: _____

License Number: _____

Issue Date: _____

Are you the original owner of the license? Yes No

Any liens or encumbrances: Yes No

Have you been subject to any disciplinary action? (Include violation date, registered charge, and action)..... Yes No

Details: _____

12. Is the building single story? Yes No

If no, provide complete details of the operation including number of stories, description of all life safety equipment, evacuation plans etc.

13. Is there a dance floor? Yes No

If yes, indicate square foot area: _____

14. Are there procedures in place regulating the sale of alcohol to minors or those under the influence? Yes No
 If yes, describe: _____
 How is the age of the customer verified? _____
15. Who is checking I.D.'s? _____
 When are I.D.'s checked? _____
 After I.D.'s are checked, are wrist bands used, hand stamped, etc? Yes No
 Are minors allowed in the serving area? Yes No
 Additional information regarding I.D. checking: _____
16. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No
17. Do you participate in local special events? (e.g., beer tent at local fair) Yes No

18. Is there a parking lot on premises? Yes No
 Is parking area well lit? Yes No
 Is parking area patrolled? Yes No
 Do your employees provide escort to vehicles? Yes No
19. Do you offer valet parking? Yes No
 If yes, are they your own employees, or do you contract for this service? Employee Contractor
 If contracted, does the lessee provide evidence of insurance naming you as Additional Insured? Yes No
20. Is there a public lot or other parking lot adjacent to insured premises? Yes No
 If yes, are you under contract or agreement to provide liability coverage? Yes No
21. Is on street parking available? Yes No
22. Are firearms permitted on premises? Yes No
23. Are employees trained in evacuation plans in the event of an emergency? Yes No
24. Are any adjacent Cities, Towns, Counties or Villages considered dry? Yes No
 If yes, provide the name(s) state the distance in miles: _____

25. Distance to nearest College or University: miles
26. Do you have Happy Hours, drink specials, or drink promotions? Yes No
 If yes, how many days per week are Happy Hours, drink specials, or drink promotions offered? _____
 What is the maximum length of time in which Happy Hours, drink specials, or drink promotions are offered? _____
 Any Happy Hours, drink specials or drink promotions offered before 7:00 AM or after 9:00 PM? Yes No
 If yes, provide details: _____

27. Select Limit of Liability for Liquor Liability: (You may only select one option)

	Each Common Cause	Aggregate		Each Common Cause	Aggregate
<input type="checkbox"/>	\$ 100,000	\$ 200,000	<input type="checkbox"/>	\$ 500,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 300,000	<input type="checkbox"/>	\$ 1,000,000	\$ 1,000,000
<input type="checkbox"/>	\$ 300,000	\$ 600,000	<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000
<input type="checkbox"/>	\$ 500,000	\$ 500,000	<input type="checkbox"/>	Other: \$	\$

28. Optional Coverage – Assault or Battery: (You may only select one option)

<input type="checkbox"/>	\$ 25,000 Each Common Cause	\$ 50,000 Aggregate
<input type="checkbox"/>	\$ 50,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 100,000 Each Common Cause	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 300,000 Each Common Cause	\$ 300,000 Aggregate
<input type="checkbox"/>	Other: \$	\$

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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, Tennessee, Virginia, 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

New Mexico: 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 civil fines and criminal penalties.

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma 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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date