

# Breweries, Wineries, Distilleries Quote Form

Producer: \_\_\_\_\_

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

## General Information

Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Legal Entity (Corp, LLC, etc.): \_\_\_\_\_

FEIN #- \_\_\_\_\_

Years in Business: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Years with Current Insurance Company:  
\_\_\_\_\_

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

Number of Owners: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Gross Annual Sales: \_\_\_\_\_

Years in Operation: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Days Open: \_\_\_\_\_

Identify products:            Wine                      Beer                      Distilled Spirit

Years of Experience: Winemaker Brew Master Distiller/Blender \_\_\_\_\_

What experience and accreditation do Vintner/Winemaker/Brew Master/Distiller/Blender and assistants have? \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Retail/wholesale/internet Sales: \_\_\_\_\_

Off-site Consumption \$ \_\_\_\_\_

Bottles/Barrels/Cases \$ \_\_\_\_\_

On-site Consumption \$ \_\_\_\_\_

Your Manufactured Alcohol \$ \_\_\_\_\_

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

Food Receipts \$ \_\_\_\_\_

Gift Shop/Merchandise \$ \_\_\_\_\_

Hospitality/Lodging \$ \_\_\_\_\_

Do you conduct wine/beer/distillery tours? \_\_\_\_\_

Are they guided by staff? \_\_\_\_\_

Are samples offered? \_\_\_\_\_

What are product sampling and testing procedures? \_\_\_\_\_

Are documentation records kept? \_\_\_\_\_

Are IDs checked? \_\_\_\_\_

Do you host weddings/showers/conferences/misc. events? \_\_\_\_\_

If so, explain: \_\_\_\_\_

If so, do you supply bartenders/servers for events? \_\_\_\_\_

Do you participate in special events OFF your premises, including Wine/Beer/Distillery Festivals?

If so, explain: \_\_\_\_\_

What states will you travel to? \_\_\_\_\_

Maximum size: \_\_\_\_\_

Explain how tastings are monitored/controlled:

\_\_\_\_\_

Are there bouncers, security guards, or doormen? \_\_\_\_\_

Do you have a cover charge on any night? \_\_\_\_\_

**Entertainment- Please check all that apply:**

\_\_\_\_\_ Happy Hour Drink Specials

\_\_\_\_\_ Flaming Drinks

\_\_\_\_\_ Live Bands

\_\_\_\_\_ Disc Jockey

\_\_\_\_\_ Dance Floor Yoga/Sport Events

\_\_\_\_\_ Painting/Art Events

How many events per year? \_\_\_\_\_

Average attendance per event? \_\_\_\_\_

If conducting Happy Hour explain: \_\_\_\_\_

Formal Quality Control Program in place? \_\_\_\_\_

Formal Product Recall plan? \_\_\_\_\_

Have you ever had to recall a batch? \_\_\_\_\_

**Kitchen Protection:**

Do you own a Food Truck? \_\_\_\_\_

Are all commercial cooking surfaces and deep fryers protected by a UL3000 automatic chemical extinguishing system? \_\_\_\_\_

Is there a written contract for commercial cleaning of the exhaust hood, including ductwork and filters?

If yes, what is the date of last inspection? \_\_\_\_\_

Are all commercial cooking surfaces and deep fryers protected by a Wet automatic chemical extinguishing system? \_\_\_\_\_

Is the automatic extinguishing system(s) serviced under a written maintenance contract at least every 6 months? Date of last inspection? \_\_\_\_\_

Are the filters, hood, rear wall and appliances free of grease accumulation? \_\_\_\_\_

Are there any open pits/hearths or open flame grills? \_\_\_\_\_

If yes, please describe in detail. \_\_\_\_\_

Are there Class K fire extinguishers and are they serviced annually? \_\_\_\_\_

### **Sales And Distribution:**

How are your products distributed? \_\_\_\_\_

What is your distribution area? \_\_\_\_\_

Do you do any mail order distribution? \_\_\_\_\_

What is the average number of shipments per year? \_\_\_\_\_

What is the total value of the shipment per year? \_\_\_\_\_

Do you export any products? \_\_\_\_\_

Do you transport your own product? \_\_\_\_\_

Do you use a common carrier? If so, what is the split? \_\_\_\_\_

Do you ever transport for others? \_\_\_\_\_

### **Winery, Brewery and Distillery Specific Questions:**

#### **Product Leakage:**

What is the age of your tank/vessel system? \_\_\_\_\_

What is your maximum leakage exposure from one tank/vessel at one time? gallons \_\_\_\_\_

What is your maximum value per gallon from tank/vessel leakage? per gallon \_\_\_\_\_

Do you own barrels? YES NO If so, how many? \_\_\_\_\_

Number of taps: Your product: Host beer taps: \_\_\_\_\_

Crowler/Growler sales? \_\_\_\_\_

What is the percentage of sales for each? \_\_\_\_\_

Are brewing operations automated? \_\_\_\_\_

Canning/Bottling on site: \_\_\_\_\_

Type of still used? Open Closed \_\_\_\_\_

Are there flow controls in the event of a breakage? \_\_\_\_\_

Is any grinding done on site? \_\_\_\_\_

Controls in place to reduce fire/explosion? \_\_\_\_\_

Separation Walls for Storage/Manufacturing/Bottling \_\_\_\_\_

Static build up controls \_\_\_\_\_

Combustible dust controls \_\_\_\_\_

Is there electrical wiring designed for flammable liquids? \_\_\_\_\_

## **Building Information**

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

\_\_\_\_\_ Smoke Alarm- if yes, are they hardwired or battery

\_\_\_\_\_ Fire Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Burglar Alarm- Report to central station or only sound alarm on premises

\_\_\_\_\_ Fire Extinguishers- annually serviced

\_\_\_\_\_ Sprinkler System- Full Building or Partial

## **Additional Liability Coverages**

### **Liquor Liability:**

Limits Requested: Each Common Cause Policy Aggregate \_\_\_\_\_

Name on Liquor License and date issued: \_\_\_\_\_

Has the Applicant submitted any claims in the past 5 years regarding liquor liability coverage or had any incidents that might give rise to a claim \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

Has the Applicant been cited or fined by a government agency for any liquor violations: \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

Has the Applicant ever had their liquor license suspended or revoked? \_\_\_\_\_

Has liquor liability coverage ever been cancelled, non-renewed or denied in the past? \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

For mail order sales/distribution, is there any age verification process for recipient? \_\_\_\_\_

Does the business have a formal alcohol awareness training program? \_\_\_\_\_

Does the business supply the bartender/servers for catered events? \_\_\_\_\_

**Employment Related Practices**

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination?

Coverage Amount \_\_\_\_\_ Desired Deductible \_\_\_\_\_

**Data Compromise**

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Coverage Amount \_\_\_\_\_ Desired Deductible \_\_\_\_\_

**Employee Benefits Liability**

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

Coverage Amount \_\_\_\_\_ Desired Deductible \_\_\_\_\_

**Additional Notes:**