

SECTION A: APPLICANT

A1	DATE OF APPLICATION				
A2	EFFECTIVE DATE		QUOTE DUE DATE		
A3	NAMED INSURED(S) DBA(S)				
<p>If more than one Named Insured exists, please list and explain relationship below:</p> <p>Please list your EIN (Employer Identification Number):</p>					
A4	CONTACT NAME		PHONE		
A5	MAILING ADDRESS				
A6	STREET ADDRESS				
A7	EMAIL ADDRESS				
A8	WEBSITE				
A9	CORP. STRUCTURE	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Other

SECTION B: PRODUCTION

BARRELS	
B1	Production Volume – Total number of barrels to be produced over next 12 months
	barrels

SECTION C: REVENUE BREAKDOWN

BEER PRODUCTS		
C1	Sales Volume – Total amount of beer to be sold over next 12 months:	\$
C2	Do you sell beer, wine or spirits of others? <i>If yes, please advise annual receipts:</i> <i>If yes, please provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
C3	Do you have a restaurant, deli or other food exposure? <i>If yes, please advise annual receipts:</i> <i>If yes, please provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
C4	Do you have any other sales? <i>If yes, please advise annual receipts:</i> <i>If yes, please provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$

SECTION D: STOCK INVENTORY (PLEASE USE STOCK CURRENTLY "ON HAND" WHEN COMPLETING)

	DESCRIPTION	QUANTITY
D1	Beer in Fermenters or Tanks	barrels
D2	Cases	barrels
D3	Bottled Beer	barrels
D4	Barrels of Beer	barrels
D5	Aged Beer (in production)	barrels
D6	Aged, Bottled Beer	bottles

SECTION E: GENERAL INFORMATION

E1	<p>Do you currently have insurance for your brewery?</p> <p>Carrier:</p> <p>Expiration Date:</p> <p>Expiring Premium:</p> <p>Have you had any losses in the past five (5) years?</p> <p>We will need five (5) years of currently valued loss runs if you are not an existing Client.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
E2	Number of years in business:	years
E3	Who is your Head Brewer?	
E4	Head Brewer's years of experience:	years
E5	Number of Employees:	
E6	Head Brewer's resume/description of experience:	
E7	Describe brewing system:	
E8	<p>Do you have business exposures besides brewing and distribution?</p> <p>If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E9	<p>Do you participate in off-site venues such as brewery festivals and / or tastings?</p> <p>If yes, total number attended annually:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E10	<p>Do you host or sponsor Special Events on your premises?</p> <p>If yes, please provide number of events:</p> <p>If yes, please advise average number of people attending:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11	<p>Do you have a tasting room?</p> <p>If yes, what are your days of operation?</p> <p>If yes, what time does your tasting room close?</p> <p>If yes, how many seats do you have in your tasting room?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E12	Is your staff trained and/or certified in serving Alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: GENERAL INFORMATION CONTINUED

E13	<p>Do you serve any beer over 9% ABV in the tasting room?</p> <p><i>If yes, do you serve it in special glassware?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
E14	<p>Any liquor license suspensions or fines?</p> <p><i>If yes, please describe:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E15	<p>Do you have controlled access to the brewery?</p> <p>Please describe access to the brewery:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F: LIABILITY COVERAGE OPTIONS

COVERAGE OPTION		YES / NO	CURRENT LIMIT	RENEWAL LIMIT		
F1	Product Withdrawal Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000
F2	Hired & Non Owned Automobile Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M		
F3	Employee Benefits Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M / \$2M		
F4	Wind Drift or Overspray Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M		
F5	Excess Liability (ACORD Application Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$ M	Not to Exceed \$5M	
F6	Owned Auto Liability and Physical Damage (ACORD Application Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M CSL	\$	Comp Deductible Collision Deductible

SECTION G: PROPERTY

BREW STOCK LEAKAGE:		
G1	What is your maximum leakage exposure from one tank/vessel at one time?	barrels
G2	What is your maximum value per barrel from tank/vessel leakage?	\$ /barrel
G3	Brew Stock Leakage Sublimit desired:	\$
PROPERTY IN TRANSIT:		
G4	Do you do your own distribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G5	What is your largest shipment of beer?	barrels
G6	What is the distance of this shipment?	miles
G7	What is the average number of shipments per year?	shipments
G8	Property in Transit Sublimit desired:	\$

SECTION G: PROPERTY CONTINUED

MISCELLANEOUS:		
G9	Mobile Equipment Sublimit:	\$
G10	Are you interested in earthquake sprinkler leakage coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G11	Do you permanently store property (including brew stock) at premises not described on this Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G12	Do you store brew stock or property for others? If yes, do you require them to purchase their own insurance? Please provide a copy of the contract being used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

STOCK AT UNNAMED LOCATIONS:

COVERAGE		ALLIED WORLD AUTOMATIC SUBLIMIT	OPTIONAL SUBLIMIT INCREASE		
G13	Stock at Unnamed Locations	\$0	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000

CRIME (WITH OPTIONAL SUBLIMIT INCREASES):

COVERAGE		ALLIED WORLD AUTOMATIC SUBLIMIT	OPTIONAL SUBLIMIT INCREASE		
F14	Employee Dishonesty	\$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
F15	Money & Securities – On Premises	\$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F16	Money & Securities – Off Premises	\$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000

PROPERTY SUBLIMITS (WITH OPTIONAL SUBLIMIT INCREASES):

COVERAGE		ALLIED WORLD AUTOMATIC SUBLIMIT	OPTIONAL SUBLIMIT INCREASE		
F17	Accidental Blending of Beer – Human Errors	\$0	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
F18	Pollutants Clean Up and Removal	\$50,000	<input type="checkbox"/> \$100,000		
F19	Accounts Receivable	\$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
F20	Valuable Papers & Records	\$250,000	<input type="checkbox"/> \$500,000		
F21	Business Income, Extended Business Income, & Extra Expense Timeline (Not to Exceed the Coverage Extension Blanket Limit)	12 Months – Actual Loss Sustained	<input type="checkbox"/> 24 Months – Actual Loss Sustained		
F22	Personal Effects and Property of Others (other than Stock)	\$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F23	Fine Arts (maximum \$1,000 per item)	\$25,000	<input type="checkbox"/> \$		

SECTION G: PROPERTY CONTINUED

F24	Backup or Overflow of Water from Sewer, Drain, Sump	\$25,000	<input type="checkbox"/> \$100,000		
F25	Utility Services – Direct Damage (this limitation does not apply to stock damage)	\$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F26	Utility Services – Business Income and Extra Expense (this limitation does not apply to stock damage)	\$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F27	Trellis and Hop Vines	\$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000

SECTION H: SUPPLEMENTAL INFORMATION

Building Owned or Leased?	If Owned, What is the Approximate Total Replacement Cost?
Square Footage?	If Leased, What is the Approximate Total Building Improvement Cost?
Year Built?	Year of Updates:
# of Stories	Roof:
Are there Sprinklers?	Electrical:
Are there Alarms?	Plumbing:
Approximate Total Equipment Replacement Cost?	HVAC:
Approximate Total Raw Goods/Materials Cost?	What is the beer sales % breakdown?
Do you mill your own grain? If yes, is it done in a separate ventilated area?	Taproom %
	Distro (Keg) %
	Distro (Can) %
	Distro (Bottle) %
	Beer2Go (Crowler) %

Add any additional information/questions below. **Submit completed app to info@winstarins.com.**

READ AND SIGN BELOW

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.

SIGNATURE OF APPLICANT		
NAME	TITLE	DATE
SIGNATURE OF BROKER		
NAME	TITLE	DATE

