

MICROBREWERY, BREWPUB & DISTILLERY SUPPLEMENTAL APPLICATION

This Supplemental Application along with all other requested Donegal Insurance Group Applications and/or ACORD Applications constitute the Application for Insurance.

A. APPLICANT INFORMATION

Applicant Name: _____ Web Site Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name and Number: _____ Effective Date: _____

* Whenever used in this Application, the term "Applicant" includes all firm names, trading names, 'Doing Business As' (DBA) names, and if incorporated, the Parent Corporation and all of its subsidiaries, unless stated to the contrary in the Remarks section of this Application.

B. GENERAL INFORMATION

1. Location of Property: _____
2. Type of Business: _____
3. Hours of Operation - Restaurant: _____ Bar: _____
4. Owner or corporation now or in the past involved in:

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Tax Lien	<input type="checkbox"/> Foreclosure
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Any Litigation	
5. Is any entertainment provided (if yes, answer questions 6. – 9. below)? Yes No
6. Nights of week:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
7. Clientele:

Type: <input type="checkbox"/> Area residents	<input type="checkbox"/> Area workers	<input type="checkbox"/> Tourists	<input type="checkbox"/> College	<input type="checkbox"/> Other _____
Age: <input type="checkbox"/> under 21	<input type="checkbox"/> 21 - 25	<input type="checkbox"/> 26 - 40	<input type="checkbox"/> Over 40	
8. Type of entertainment:

<input type="checkbox"/> Classic Rock	<input type="checkbox"/> DJ	<input type="checkbox"/> Acoustic
<input type="checkbox"/> Other (describe): _____		
9. Does a dance floor exist? Yes No
 If yes, size/capacity of dance floor? _____
10. Is a bouncer or doorman used? Yes No
 If yes, explain why: _____
11. Amusement devices (pool tables, video games, gambling, etc)? Yes No
 If yes, give # and description: _____
12. Original use and subsequent occupancies of the building: _____
13. Number of barrels of craft beer produced annually: _____
 If Distillery, number of gallons produced annually: _____
14. Is business seasonal? Yes No
15. Any grilling, deep fat frying, open broiling or roasting? Yes No
16. Has business been in operation less than 3 years at this location? Yes No
 If yes, describe prior experience of owner/manager: _____
17. Number of servers: Full Time: _____ Part Time: _____
 Number of bartenders: Full Time: _____ Part Time: _____
 Average length of employment? _____
18. Any milling of grain or similar products? Yes No
19. Does the applicant have a dust control system in place? Yes No
 a. If yes, describe system: _____

C. DISTILLERY SPECIFIC QUESTIONS

- 1. Is explosion-proof lighting present in the distilling area? Yes No
- 2. Is the distilling area separated from the rest of the facility? Yes No
 - a. Is this area well ventilated and free of ignition sources? Yes No
- 3. Is there a fire detection system in place? Yes No
 - a. Please describe: _____
- 4. Are all mashing, fermenting, and storage vessels made of stainless steel, iron, or some other nonflammable material? Yes No
- 5. Is all equipment properly grounded and double-insulated? Yes No
- 6. How long does the applicant age or condition its distilled spirits after fermentation? _____
- 7. Does applicant have alternate means of distilling or have some other arrangements with another distillery to continue production during a business interruption? Yes No

D. LIQUOR LIABILITY

- 1. Liquor License Number: _____ State: _____
License type: On Premises Off Premises Both
License issued to Named Insured? Yes No
If no, name on license: _____
 - 2. **Receipts**
Liquor Receipts from on-premises consumption only: \$ _____
Amount of retail package sales for off-premises consumption directly from establishment: \$ _____
Amount of wholesale beer sales to distributors or to other retailers: \$ _____
Food Receipts: \$ _____
Other Receipts: \$ _____
Describe Other: _____
Total: \$ _____
 - 3. Does applicant provide food to customers with an independent food truck service? Yes No
If yes, how often and hours of service? _____
 - 4. Does applicant provide group tasting events? Yes No
How many tasting events per year? _____ Average number of attendees per tasting? _____
What is the maximum size and number of tastings provided to any one participant? _____ Ounces/# _____
If the applicant charges for these tastings, what is the average charge per person? _____
 - 5. Does applicant participate in Brew Fests or other types of fairs / festivals off-premises? Yes No
How many events per year? _____ What is the average number of attendees per event? _____
What is the maximum size and number of tastings provided to any one participant? _____ Ounces/# _____
How are these tastings monitored / controlled, and who is doing the serving
(Carding, use of wristbands, professionally trained bartenders or volunteers, etc.)? _____
- If the applicant charges for tastings / serves at these events, what is the amount of liquor sales? _____
- Does the applicant host any of these events?** Yes No
- 6. Have all servers been through formal alcohol server training? Yes No
If yes, explain type (TIPS, TOPS, etc.), and how often required? _____

7. Does applicant have written policy on serving alcohol for employees and customers? Yes No
Describe procedure in place regulating the sale of alcohol to minors and to those under the influence (drive home or cab policy, police assistance, etc.): _____
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8. Is management notified prior to shutting off patrons? Yes No
Is documentation kept on each incident? Yes No
9. Total Seating Capacity: _____ =Dining: _____ +Bar: _____
Is there a steady bar clientele? Yes No
10. Is there a happy hour or similar drink / beer promotion? Yes No
If yes, provide time frame and details: _____
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11. Is the average 16 ounce glass of beer more than \$7.00 per pint? Yes No
12. Does the applicant ever permit the use of alcohol consumption enticing equipment or games? (i.e. beer bong, funnels, or beer pong, corn hole etc.) Yes No
13. Is a last call given? Yes No
If yes, what time? _____
14. Are shots given? Yes No
Any shot specials? Yes No
15. Have there been any liquor board violations in the past 5 years? Yes No
If yes, when and why? _____
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16. Have you had any occurrences that may give rise to claims, or had any liquor claims in the past 5 years? Yes No
If yes, please describe: _____
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E. BUILDING, BOILER & REFRIGERATION

1. Age of building? _____ Building completely remodeled with new systems? Yes No
2. Engineer contracted for placement of heavy equipment? Yes No
3. Was equipment purchased new? Yes No
4. Year of building system updates? _____
Electrical _____
Plumbing _____
Refrigeration _____
Roofing _____
Boiler(s) _____
5. Boiler(s): Number, type age? _____
6. What type of refrigerant is used? _____
7. Boiler and cooling system maintenance program in place? Yes No
If yes, please describe _____
8. Are system pressure levels checked daily/documented? Yes No
9. Is there a backup power source available in the event of power failure? Yes No

F. COOKING SUPPLEMENT/KITCHEN FIRE PROTECTION

- 1. Do all kitchen fire protection systems meet the standards contained in NFPA 96 Standards For The Installation Of Equipment For The Removal Of Smoke And Grease Laden Vapors From Combustible Cooking Equipment and UL 300 Standard For Safety For Fire Testing Of Fire Extinguishing Systems For Protection Of Restaurant Cooking Areas? Yes No
- 2. Hoods and Ducts
 - a. Hoods and ducts over all cooking equipment? Yes No
 - b. Do hoods have removable filters? Yes No
 - c. Are filters cleaned regularly? Yes No
By whom? _____ How often? _____
 - e. Exhaust fans have: Automatic cut-off Manual cut-off
 - f. Hood and ducts maintenance contract schedule? Yes No
If yes, number of months: _____
 - g. Adequate clearance between hoods, ducts, cooking equipment and combustible materials? Yes No
- 3. Private Protection
 - a. Name of fixed automatic extinguishing system: _____
Capacity: _____ lbs.
 - b. Does above system cover all surfaces? Yes No
 - c. Nozzles are in: Hood only Hood and Ducts
 - d. Is system under maintenance contract? Yes No
If yes, number of months: _____
Name of Service Firm: _____
 - e. Automatic gas or electric shut offs for cooking? Yes No
 - f. BC Extinguisher available in kitchen? Yes No
- 4. Deep Fat Fryer
 - a. No. of deep fat fryers: _____ Portable? Yes No
 - b. Is fryer under hood? Yes No
 - c. Brand name of fryer is: _____ Type Gas Electric
 - d. Fuel supply cut-off is: Automatic Manual
- 5. Is a backup power source available? Yes No
If yes, describe: _____

REMARKS: