



Signature Craft Brew Application Checklist

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Craft Brew Application Form
- Property Schedule
- Structural Detail Form for All Buildings
- Liability Supplement

Please email the completed application package to Signature Risk Partners at:

applications@signaturerisk.com

Signature Craft Brew Application Form

General Information

Name of Brewery (all legal entities):	
Mailing Address:	
Risk Location (<input type="checkbox"/> as above)	
Contact:	Title:
Web Site:	Email:
Business Tel.:	Twitter: @

1. Renewal Date: _____ Expiring Premium: \$ _____ Target Premium: \$ _____
2. Current Insurance Company: _____ Property Deductible: \$ _____
3. Has the Management or Ownership changed in the last 12 months? Yes No
If Yes, please explain: _____
4. Does the Brewery have a written Risk Management Plan? Yes No
5. Is there anyone else with an interest in your company? (partner, mortgagee, etc.) Yes No
Please give details: _____

Details about the Brewery

1. Corporate Structure: Corporation Partnership Joint Venture Sole Proprietorship
2. Do you operate a licensed bar? (do not include tasting room) Yes No
3. Do you produce or sell any other type of alcoholic beverage? (cider, liquor, wine, etc) Yes No
If Yes, please explain: _____
4. Do you operate a restaurant? Yes No
If Yes, what percentage of annual revenue is derived from the restaurant? _____
5. Do any employees travel outside of Canada for business purposes? Yes No
If Yes, please explain: _____
6. Please share your Association Relationships (OCB, BC Craft Brewers etc): _____
7. Do you have changes in operations or construction planned during the next 12 months? Yes No
If Yes, please explain: _____

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Revenues - Annual Gross Revenues

Sales - Wholesale (LCBO, SAQ, LCBC)	\$	<hr/>
Sales - Onsite Sales	\$	<hr/>
Sales - Direct to Restaurants	\$	<hr/>
Sales - Exports to the United States	\$	<hr/>
Sales - Exports Outside North America	\$	<hr/>
Banquet/Wedding Rentals	\$	<hr/>
Food Operations	\$	<hr/>
Other: _____	\$	<hr/>
Total Revenues	\$	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>

Coverages

1. Primary CGL Limit Required \$ _____
2. Do you wish to purchase **Business Interruption** coverage? Yes No
 Limit Required \$ _____ (Please complete and include a Profits Worksheet)
3. Do you wish to purchase **Umbrella** coverage? Yes No
 Limit Required \$ _____

Claims History - Please describe Any and ALL claims or law suits that you have had within the last FIVE (5) years.

No known or reported losses in the last 5 years.

1. Date: _____ Type: _____
 Reserve: _____ Amount Paid: _____
 Description: _____

 Loss Prevention Measures: _____

2. Date: _____ Type: _____
 Reserve: _____ Amount Paid: _____
 Description: _____

 Loss Prevention Measures: _____

Declarations
I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Signature of Applicant: _____ Date: _____

Signature Craft Brew Property Schedule

More than one location? Please complete a separate Property Schedule for each location.
Please attach existing SOV, if available.

Building & Equipment Details	Size (sq ft)	Value	Contents & Equipment	Total Limit
Main Building				
Storage Building				
Maintenance Buildings				
Brewing Equipment	X			
Storage Tanks	X			
Office Equipment (Computers, printers, etc.)	X			
Signs (Free Standing)	X			
Other:	X			
SUB TOTAL 1		\$	\$	\$

Inventory & Stock Breakdown	Limit	
Finished Beers (Ready for Shipping & Export)		
Beers in Process		
Bar/Cellar Stock		
Offsite Storage		
Other:		
SUB TOTAL 2		\$
SUB TOTAL 1		\$
GRAND TOTAL		\$

Signature Craft Brew Structural Detail Form

(Required for all buildings)

Brewery Name: _____	Building Name: _____
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1. Year Built: _____ Renovated? Yes No If Yes, describe: _____
2. Construction of Walls: Steel Steel/Concrete Concrete Block Frame
 Log Mixed (Frame/Masonry)
3. Exterior Finish: Masonry Brick Veneer Wood Metal Clad Siding
 Log Siding Other: _____
4. Winterized: Yes No
5. Roof: Style: Flat Peak Mansard Other _____
Construction: Wood Steel Concrete Other _____
Covering: Shingles Steel Asphalt Other _____
Replaced: Yes No If Yes, what year? _____
6. Floor Grade: Concrete Wood Second & above: _____
7. Area (sq ft) Bsmt: _____ 1st Flr: _____ 2nd Flr: _____ 3rd Flr: _____ Decks: _____
8. Electrical: Fused Circuit Breakers Installed or Updated when? _____
9. Heating: Oil Natural Gas Electric Forced Air Hot Water
 Boiler Propane Steam Woodstove Fireplaces
10. Plumbing: Updated? Yes No If Yes, what year? _____ Partial OR Full Update
11. Distance to nearest Fire Hydrant: _____ ft. Municipal Yes No
12. Distance to nearest Dry Fire Hydrant: _____ ft. Distance to Private Fire Hydrant: _____ ft.
13. Distance to nearest Fire Hall: _____ kms. Volunteer Paid
14. Sprinkler System: Full Partial If partial _____ % Centrally Monitored? Yes No
15. Fire Protection System: Smoke Detectors Heat Detectors Centrally Monitored? Yes No
16. Burglar Alarm System: Yes No Centrally Monitored? Yes No
17. Alarm Monitoring Company Name: _____
18. Is there a deep fat fryer in this building? Yes No
If Yes, is there: Automatic wet fire suppression for each deep fat fryer? Yes No
Semi-annual maintenance contract for each unit? Yes No
A Class K portable extinguisher as back-up? Yes No
19. Is Back-up/Emergency Power available? Yes No

Maintenance Building

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Storage/Other Buildings

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Signature Craft Brew Liability Supplement

Brewery Name: _____

1. Name the Brewery Liquor License is in: _____
2. Have you ever had your Liquor License suspended or cancelled? Yes No
3. Have you ever been cited for any liquor violations? Yes No
4. Are all servers certified (Smart Serve, SIR, ProServe, SIA, etc.)? Yes No
5. Are any of the operations involving liquor or food contracted out? Yes No
6. Is a Manager on staff and onsite at all times when liquor is being served? Yes No
7. Do servers attempt to determine if patrons will be driving after leaving the Brewery? Yes No
8. Is a Designated Driver Program in use and promoted by servers? Yes No
9. Is taxi service available to and from the Brewery? Yes No
10. Do all event sponsors sign written contracts including Indemnity and Waiver clauses?
(i.e. Tasting Events, Weddings, Banquets, etc.) Yes No
11. Does the Brewery require all independent contractors to carry liability insurance?
(i.e. Snow Removal, Construction Trades, etc.) Yes No
12. Does the Brewery have fuel storage tanks? If Yes, please describe. Yes No
13. Has the Brewery ever experienced ANY product recalls? If Yes, describe in detail. Yes No
14. _____
15. Please list the **Type**, **Quantity** and **Location** of all **Chemicals** that are stored on premises:

Type: _____	Quantity: _____	Location: _____
Type: _____	Quantity: _____	Location: _____
Type: _____	Quantity: _____	Location: _____

Loss Payee/Mortgage Information

Loss Payee #1: _____
 Mailing Address: _____

Loss Payee #2: _____
 Mailing Address: _____