



## Signature Craft + Distillery 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](mailto:applications@signaturerisk.com)

## Signature Craft + Distillery Application Form

## General Information

Name of Brewery or Distillery (all legal entities):

Mailing Address:

Risk Location ( as above)

Contact:

Title:

Website:

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  No5. 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 Proprietorship2. Do you operate a licensed bar? (do not include tasting room)  Yes  No3. 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: \_\_\_\_\_

\_\_\_\_\_

# Signature Craft + Distillery 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				
Storage Tanks				
Office Equipment (Computers, printers, etc.)				
Signs (Free Standing)				
Other:				
<b>SUB TOTAL 1</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

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

## Signature Craft + Distillery Structural Detail Form

(Required for all buildings)

Brewery/Distillery Name: \_\_\_\_\_ Building Name: \_\_\_\_\_

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  NoConstruction: \_\_\_\_\_ Roof: \_\_\_\_\_ Fire/Burglar Alarm:  Yes  No

## Signature Craft + Distillery Liability Supplement

Brewery Name: \_\_\_\_\_

1. Name the Brewery/Distillery 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 or Distillery?  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/Distillery have fuel storage tanks? If Yes, please describe.  Yes  No
13. Has the Brewery/Distillery ever experienced ANY product recalls? If Yes, describe in detail.  Yes  No

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: \_\_\_\_\_

# Signature Craft + Distillery Continued

**Revenues - Annual Gross Revenues**

Sales - Wholesale (LCBO, SAQ, LCBC)	\$	<hr/>
Sales - Onsite	\$	<hr/>
Sales - Takeaway	\$	<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/>
<b>Total Revenues</b>	\$	<hr/>

**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: \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_