

Craft Brewers Questionnaire

OneBeacon Insurance Company

Applicant / Insured Information

Applicant / Insured Name: _____

Address: _____

Website(s): _____

Main Contact: _____ Title: _____ Phone: _____

Agency Name: _____ Contact: _____ Phone: _____

Please elaborate on any questions via additional pages

General Information

1. Year Established _____

2. Does your firm operate as a (please check all that apply):

Regional Brewery (15,000-2,000,000 bbls/annum) Microbrewery (<15,000bbls/annum)

Contract brewer (all product produced exclusively by others)

Brewpub (25% or more production consumed on premises)

3. Annual Revenue:

Current Year (projected YE)	\$
Past Year	\$
Next Year (projected)	\$

4. Annualized barrel numbers as represented to the TTB on form 5130.9

Current State of Operations	# barrels sold	Revenue attributed to barrels
Produced by you under your label(s)		\$
Produced by others for you		\$
Produced by you for others		\$
Total		\$

5. How many of the last 5 years did your firm attain an operating profit? _____

Operations:

1. Do you produce or sell any other alcoholic beverages (cider, mead, liquor, wine, etc)?

Yes No If yes, please explain: _____

2. Do you operate a licensed bar (do not include tasting rooms): Yes No

If yes: Onsite Another location

What amount of annual revenue is derived from these activities? \$ _____

3. Do you operate a restaurant? Yes No

If yes, what percent of annual revenue is derived from these activities? _____

4. Do you sell any product outside the US? Do any employees ever travel outside the US for business purposes (sales, purchasing, training, conventions, incentive trips, etc)? Yes No

If yes, please explain: _____

Policies & Procedures:

1. Are all employees or volunteers that serve beer, on or off premises, fully trained in Responsible Beverage Service? Yes No

2. Do you batch code all of your beer? Yes No

If yes, how long are these records retained? _____

3. Do you have a written product recall program in place? Yes No

4. **Have you conducted any special events over the past twelve months?** Yes No
 If yes, please explain below or by attachment (examples: concert, bicycle race, etc.)
5. **Do you plan on conducting any special events in the upcoming twelve months?** Yes No
 If yes, please provide date and description of events (if known):
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6. **Do you ever contractually assume liability for events you sponsor, but are conducted by others?**
 Yes No
7. **Do you utilize contractors in the course of your business?** Yes No
 If yes, do you obtain certificates of insurance from all prior to work starting? Yes No

Packaging & Transportation Exposures:

1. **How is your beer packaged** (indicate by percentage and type):
 Bulk ___% Draft ___% Bottle ___% Can ___% Other % (please describe): _____
2. **Do you directly distribute any product yourself?** Yes No
 If yes: Number of vehicles _____ Maximum distance traveled _____
3. **Do you import any products for sale?** Yes No If yes please provide further information on type products, brand names, sales figures, place of origin, etc.
4. **Do you hire others to transport your products?** Yes No
 If yes, please provide the following:
 Name of Company: _____
 Does this company assume liability during shipping process? Yes No
 Do you require certificates of liability insurance annually from this firm? Yes No

Premises Information (for multiple locations, please elaborate via additional pages):

1. **Total square footage of the space you occupy?** _____
2. **Are you the sole tenant in the building you occupy?** Yes No
 If no, what other types of operations occupy the same building: _____
3. **What is the maximum annual capacity of your facility based on current configuration?** _____
4. **What is the capacity of your largest product tank or vessel?** _____
4. **Do you permit unguided tours?** Yes No
5. **Do you operate at multiple facilities?** Yes No If yes, please provide further details below.
6. **Is your facility fully protected by a smoke detection system that rings to a Central Station?** Yes No
7. **Is your facility fully protected by an automatic sprinkler system?** Yes No

Historical Information:

1. **Have you been sued or received a complaint relating to bodily injury?** Yes No
 If yes, please provide details including dates of occurrence? _____
2. **Have you ever recalled a batch of beer?** Yes No
 If yes, please indicate when and why: _____
3. **Have you ever suffered loss or damage to your own vehicles or property, including equipment, in excess of \$10,000?**
 Yes No If yes, please provide details: _____

Additional Information:

Applicant Signature: _____ **Title:** _____ **Date:** _____