

SUBMISSION REQUIREMENTS

Completed ACORD application(s) for all lines of coverage being requested

Completed, signed and dated Hanover Craft Brewers Advantage supplemental application

Currently valued loss runs for current year, plus three prior years

If in business less than three years, resume of owner(s), brew master and business financial plan

APPLICANT INFORMATION

Business name: _____ Year established: _____

Website: _____

FEIN: _____ Liquor license # : _____

Main contact: _____ Phone #: _____

GENERAL INFORMATION

1. Primary business operation: craft brewer (distribution for off-site consumption), brew pub (with onsite brewing operations), contract brewer, restaurant, sports bar, special events/catering (off-site), Other: _____

2. Hours of operation:

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Other: _____

3. Manufacturing revenue for offsite distribution (includes onsite retail sales for offsite consumption)

OPERATION	GL CLASS CODE	GROSS REVENUE
Glass bottles/growlers	51350	\$
Cans/growlers	51351	\$
Kegs—beer, cider	51352	\$
Liquor, spirits, kombucha, wine (circle which)	5135X	\$
Soft Drink Manufacturing	513XX	\$

4. Brewpub/tasting room (onsite consumption)

OPERATION	GL CLASS CODE	GROSS REVENUE
Beer, cider—your branded products	169XX	\$
Liquor, spirits, kombucha, wine—your brand(s)	169XX	\$
Wine/beer/liquor/spirits—of others	169XX	\$
Food and non-alcoholic drinks	169XX	\$
Gift shop merchandise (not including alcohol)	13507, 11127	\$



5. Have you maintained an operating profit for the last five years? ☐ Yes ☐ No
If "No", please explain: _____
6. What is your area of distribution? _____
a. What is your distribution goal relative to total revenue in 3 years? _____%; in 5 years? _____%
7. Do you lease your facility for wedding, parties or corporate events? ☐ Yes ☐ No
If "Yes", how much revenue do you generate from leasing out the facility? _____
8. Is food available during all hours of operation? ☐ Yes ☐ No
Provided by you? ☐ Yes ☐ No
If "No", please explain: _____
9. How many fermentation tanks do you operate? _____
10. What is the average value of each batch? \$ _____
11. Do you have a formal product recall plan in place? ☐ Yes ☐ No
12. Have you ever had to recall a product or had a contamination incident? ☐ Yes ☐ No
If "Yes", please provide details including amount(s) paid: _____
13. Do you maintain product records on the following:
a. Raw materials ☐ Yes ☐ No
b. Batch/quality control records ☐ Yes ☐ No
14. Are your draught beer lines cleaned on a regular bases? ☐ N/A ☐ Yes ☐ No
If yes, by whom (check all that apply): ☐ Your own staff ☐ Third-party service ☐ Other _____
15. Are there written procedures and service records for draught beer line cleaning? ☐ Yes ☐ No
16. Do you have a dedicated safety manager, safety committee or contracted safety professional that oversees your company's safety, health, and environmental compliance? ☐ Yes ☐ No
17. Do you have a HACCP plan in place? ☐ Yes ☐ No

☐ **PROPERTY**

1. Does the premises have a central station:
Fire alarm ☐ Yes ☐ No
Burglar alarm ☐ Yes ☐ No
2. Is your premises fully sprinklered? ☐ Yes ☐ No
If partially sprinklered, what areas are sprinklered? _____
3. Is the building over 100 years old? ☐ Yes ☐ No
4. Do you mill your own grain? ☐ Yes ☐ No
If "Yes", what procedures do you have in place to control the dust and provide proper ventilation? _____
5. Is your brewing equipment regularly inspected? ☐ Yes ☐ No



6. Do you have a kitchen on premises? ☐ Yes ☐ No

If yes, please indicate if you have any of the following (check all that apply):

☐ Commercial Oven/Broiler ☐ Deep Fat Fryer ☐ Open Flame Grill ☐ Small Appliances (Toaster oven, panini press, etc.)

If "Yes", please answer the following questions:

7. Is the kitchen equipped with an automatic extinguishing system? ☐ N/A ☐ Yes ☐ No
8. Does this system cover all cooking and ventilation equipment? ☐ N/A ☐ Yes ☐ No
9. Is this system UL 300/NFPA compliant? ☐ N/A ☐ Yes ☐ No
10. Is this system equipped with automatic fuel shutoffs? ☐ N/A ☐ Yes ☐ No
11. Does the cooking equipment receive regular service? ☐ N/A ☐ Yes ☐ No
12. Is the equipment serviced by an outside contractor? ☐ N/A ☐ Yes ☐ No
13. Is a cleaning of the hood and duct system performed at least every six months? ☐ N/A ☐ Yes ☐ No
14. Is the hood and duct system cleaned by an outside contractor? ☐ N/A ☐ Yes ☐ No
15. Is the kitchen equipped with UL listed grease extractors? ☐ N/A ☐ Yes ☐ No
16. What is the frequency of cleaning of the grease extractors? ☐ Weekly ☐ Monthly ☐ Annually
17. Has all cooking equipment been upgraded within the last 10 years? ☐ N/A ☐ Yes ☐ No

If "No" please provide what updates have been completed: _____

18. Is the refrigeration equipment protected by temperature monitors/alarms? ☐ N/A ☐ Yes ☐ No
19. Do you have generators in place to protect the stock in the event of a power outage? ☐ N/A ☐ Yes ☐ No
20. Do you have a refrigeration maintenance agreement in place? ☐ N/A ☐ Yes ☐ No

☐ **PREMISES LIABILITY**

1. Do you perform regular sweeping/mopping and/or floor inspections? ☐ Yes ☐ No
2. Are logs kept for all cleaning operations? ☐ Yes ☐ No
3. Do you have a contract in place for pest control services? ☐ Yes ☐ No
4. Do you have a snow/ice removal contract in place? ☐ Yes ☐ No
5. Do you receive a certificate of insurance from all contractors doing work on the premises? ☐ Yes ☐ No

If "No", explain: _____

6. Do you receive a certificate of insurance from outside groups or individuals that use your premises to sell products or conduct activities (food trucks, vendors)? ☐ Yes ☐ No
7. Do you have onsite video cameras? ☐ Yes ☐ No

Number of cameras: _____

Where are they located (inside/outside)?: _____

8. Do you offer valet parking services? ☐ Yes ☐ No
9. Do you host onsite special events such as yoga classes, bike rallies, 5K runs, etc.? ☐ Yes ☐ No

If "Yes", please explain what and how often: _____

Are waivers required to participate? _____

10. Do you allow non-service animals on premises? ☐ Yes ☐ No
- If "Yes", do you require them to be leashed at all times? ☐ Yes ☐ No



☐ **LIQUOR LIABILITY**

1. Liquor liability limit requested: \$ _____
2. Are the servers and bartenders TIPS (or equivalent) trained? ☐ Yes ☐ No
3. Do you have any live entertainment? ☐ Yes ☐ No
If "Yes", how many times a week? _____
Please describe the type of entertainment: _____
4. Do you have a dance floor? ☐ Yes ☐ No
5. Do you advertise or promote "happy hour" with two for one specials or by-the-pitcher discounts? ☐ Yes ☐ No
6. Do you have "call a cab/uber" or similar procedure in place to help prevent an intoxicated person from driving? ☐ Yes ☐ No
7. When a customer is refused alcohol is the incident documented? ☐ Yes ☐ No
8. Do you continue to serve alcohol after the kitchen closes? ☐ Yes ☐ No
9. Do you employ security personnel or bouncers? ☐ Yes ☐ No
10. Are employees allowed to consume alcoholic beverage during their shift or on-premises after their shift? ☐ Yes ☐ No
If "Yes", how many? _____
11. Have any liquor licenses held by you been suspended or revoked, fines been paid, citations issued, or any protest/complaints/accusations been made against you for serving alcohol? ☐ Yes ☐ No
If "Yes", please provide details: _____
12. Have you had any liquor liability claims at this location or other locations during the last five years or non-renewed for insurance? ☐ Yes ☐ No
If so, please provide details: _____
13. Do you have any knowledge of potential liquor liability claims? ☐ Yes ☐ No
If so, please provide details: _____

☐ **WORKERS' COMPENSATION**

1. Number of full-time employees: _____
Number of part-time employees: _____
2. Do you have a formal selection/hiring process in place? ☐ Yes ☐ No
3. Do you offer health benefits to full-time employees? ☐ Yes ☐ No
4. What is the employee turnover percentage on an annual basis? _____%
5. Is training provided for the following:
 - a. Material handling procedures? ☐ Yes ☐ No Maximum weight lifted: _____ lbs.
 - b. Fall protection? ☐ Yes ☐ No Maximum height worked at: _____ feet
 - c. Personal protective equipment provided and trained in its use? ☐ Yes ☐ No
 - d. Confined space protocols? ☐ Yes ☐ No
 - e. Machinery/equipment/forklift? ☐ Yes ☐ No
 - f. Hazardous material (cleaning chemical) handling? ☐ Yes ☐ No
6. Do you have a return to work program? ☐ Yes ☐ No



☐ **AUTO**

Packaging and Transportation Exposures:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you hire others to transport your products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the company assume liability during the shipping process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require certificates of liability insurance annually from this firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you directly distribute any product yourself? | | |
| If "Yes", number of vehicles: Maximum distance traveled: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you or your employees use their personal vehicles for the business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For your fleet:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have a driver selection process that includes reference and MVR checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have a formal safety policy for: | | |
| a. Driver training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Vehicle safety and maintenance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Personal use of company owned vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Distracted driving (cellphone use and texting)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |