

## 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 or Instagram:

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?  
If Yes, please explain:
4. Does the Brewery/Distillery have a written Risk Management Plan?
5. Hours of Operation:

## Details about the Brewery

1. Corporate Structure:
2. Do you operate a licensed bar? (Does not include a tasting room)
3. Do you produce or sell any other type of alcoholic beverage? (Cider, Liquor, Wine, etc)  
If Yes, please list here:
4. Do you operate a restaurant?  
If Yes, what percentage of annual revenue is derived from the restaurant?
5. Please share your Association Relationships (OCB, BC Craft Brewers etc):
6. Do you have changes in operations or construction planned during the next 12 months?  
If Yes, please explain:

# Signature Craft + Distillery Continued

## Revenues - Annual Gross Revenues

Sales - Wholesale (LCBO, SAQ, LCBC)	\$
Sales - Sold and Consumed Onsite	\$
Sales - Sold and Consumed Offsite	\$
Sales - Direct to Bars & Restaurants	\$
Sales - Exports outside the U.S.	\$
Sales - Exports Outside North America	\$
Banquet/Wedding Rentals	\$
Food Operations	\$
Other:	\$
<b>Total Revenues</b>	<b>\$</b>

## Loss Payee/Mortgage Information

Loss Payee #1:

Mailing Address:

Loss Payee #2:

Mailing Address:

# 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/Distilling Equipment	N/A	\$	N/A	\$
Storage Tanks	N/A	\$	N/A	\$
Office Equipment	N/A	\$	N/A	\$
Signs (Free Standing)	N/A	\$	N/A	\$
Other:		\$	\$	\$
<b>SUB TOTAL 1</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>SUB TOTAL 1</b>		\$
<b>GRAND TOTAL</b>		\$



# Signature Craft + Distillery Liability Supplement

Brewery/Distillery Name:

1. Name the Brewery/Distillery Liquor License is in:
2. Have you ever had your Liquor License suspended or cancelled?
3. Have you ever been cited for any Liquor Violations?
4. Are all Servers certified (Smart Serve, SIR, ProServe, SIA, etc.)?
5. Are any of the operations involving Liquor or Food contracted out?
6. Is a Manager on staff and onsite at all times when liquor is being served?
7. Do Servers attempt to determine if patrons will be driving after leaving your facility?
8. Is a Designated Driver Program in use and promoted by servers?
9. Is Taxi Service available to and from the Brewery or Distillery?
10. Do all Event Sponsors sign written contracts including Indemnity and Waiver clauses?  
(i.e. Tasting Events, Weddings, Banquets, etc.)
11. Does you require all Independent Contractors to carry liability insurance?  
(i.e. Snow Removal, Construction Trades, etc.)
12. Does the Brewery/Distillery have Fuel Storage Tanks? If Yes, please describe.
13. Has the Brewery/Distillery ever experienced ANY product recalls? If Yes, describe in detail.

Chemicals Stored Onsite

Please list the **Type**, **Quantity** and **Location** of all **Chemicals** that are stored on premises:

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

# Signature Craft + Distillery Continued

**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 and I am unaware of any events that may lead to a future loss.

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: \_\_\_\_\_

**Please submit the completed form to Signature Specialty LP at:**

[applications@sigspecialty.com](mailto:applications@sigspecialty.com)