

CRAFT AND MICRO BREWERY SUPPLEMENTAL QUESTIONNAIRE

General Information:

Name: _____ Date: _____

Website: _____

Operations:

1. Year established _____
2. Describe Distribution Model: Self Distributed _____ % Third Party Distributor _____ %
3. List Third Party Distributors, if used

4. Classification of Operation(s) (check all that apply):
 - Microbrewery (less than 15,000 barrels)
 - Craft Regional Brewing (greater than 15,000 barrels)
 - Brewpub (25% or more of product manufactured must be consumed on premises)
 - Restaurant (less than 25% of product manufactured is consumed on premises)
 - Taproom (limited food)
 - Gift Shop
 - Other (explain) _____

5. Annual Revenue – Total of all operations:

Current Year Projected Year End	\$ receipts _____ / _____	barrels
Previous Year	\$ receipts _____ / _____	barrels

6. Resource Source:

Bottles	\$ _____	_____ %	
Cans	\$ _____	_____ %	
Kegs	\$ _____	_____ %	

Brewpub/Restaurant	Total	\$ _____	Food \$ _____	Alcohol \$ _____
Gift Shop		\$ _____		
Tap/Tasting Room		\$ _____		
Special Events		\$ _____	Number of Events _____	
Other		\$ _____		

7. Hours of operation: Tasting Room _____ Tap Room _____
 Brewpub _____ Restaurant _____

8. Days of the week tasting, tap, brewpub or restaurant are open _____

9. List all Special Events held over the past 12 months.

10. List all Special Events planned for the coming 12 months.

11. What is the duration and closing time of all the planned Special Events?

12. Do you use contract workers or volunteers to serve at offsite Special Events? Yes No

13. Do you manufacture, package or sell any other beverage (either alcoholic or non-alcoholic)? Yes No

Describe:

14. Have you engaged in any joint brewing with an outside brewery in the last 12 months, or do you have plans to do so in the next 12 months? Yes No

If yes, please explain:

15. Has the insured been cited by the Liquor Control Commission or other governmental regulator? Yes No

16. Are you a member of any national, state or local associations or organizations? Yes No

If yes, please list: _____

Risk Management Practices:

1. Is there a formal safety program in place? Yes No

2. Is there a formal quality control program in place? Yes No
If yes, is it HAASP compliant? Yes No

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

4. Was the building built specifically for brewery manufacturing occupancy? Yes No
If no, please describe updates to all utilities (electrical, plumbing, sprinkler systems):

5. Do you have a formal business interruption contingency plan in place? Yes No

6. Do you have generator backup in place for proper refrigeration in the event of a power outage? Yes No

7. Are all servers certified to serve alcoholic beverages (TIPs, ServSafe, Learn to Serve, etc.)? Yes No

8. Are volunteers used at special events to serve alcoholic beverages? Yes No
If yes, do they receive any type of training or are they required to be certified? Yes No



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