



Mid America Specialty Markets
 2800 Forum Blvd Suite 4B
 Columbia, MO 6523
 573-447-4990
 agency@mail@midaminsurance.com

Breweries Questionnaire (Attach to an Acord Application)

Policy Number: _____

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

****This program is NSI-eligible in the states of Kansas, Kentucky, Missouri, and Ohio. For risks in all other states, refer to your West Bend Commercial Lines Underwriter.***

GENERAL INFORMATION

- 1) Are you the owner/sole tenant of the building? Yes No
 If there are other tenants, please describe their occupancy: _____

- 2) Is the owner(s) now or in the past been involved in:
 Bankruptcy Tax Lien Foreclosure Failed Business
 Please explain items that have been checked above: _____

PROPERTY

- 1) How long would it take to rebuild in the event of a total loss? _____
- 2) Would you like business income coverage? Yes No
 *If yes, complete the Business Income Worksheet (available on WBCConnect, Brochures, Applications & Questionnaires, Worksheets, Business Income)

GENERAL LIABILITY

- 1) Estimated annual receipts for:
 - a. Off site sales: _____
 - b. Total draft sales off site: _____
 - c. Total bottle sales off site: _____
 - d. Total revenue for beer sales off site: _____

- 2) On site sales
 - a. Total draft sales on site: _____
 - b. Total bottle sales on site: _____
 - c. Total revenue for on site beer sales (includes draft and bottle sales) _____
 - d. Total revenue from brewery tours and tastings: _____
 - e. Total food sales: _____
 - f. Total gift show merchandise sales (other than alcoholic): _____

- 3) Do floors have non-skid surface? Yes No
- 4) Are there built-in drains in the floors? Yes No
- 5) Is there an on-site tasting room?
 If yes, what's the capacity? _____
- 6) How many drinks or samples per guest are allowed in the tasting room? _____
- 7) Do you offer tours? Yes No
 If yes, are they given by your employees? Yes No
- 8) Has the insured ever had to perform a product recall or market withdrawal? Yes No



- 9) Does the insured have a program outlining a system for identifying the product's location, stopping its use and distribution, and starting a recall? Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____	_____
Applicant's Signature	Date
_____	_____
Agent's Signature	Agency Name
_____	_____
	Date