



Mid America Specialty Markets
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 Columbia, MO 65203
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Distilleries 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)
- 3) Describe in detail the insured's refrigeration system: _____

 - a. What are the values exposed to loss? _____
 - b. In the events of a power failure, does the insured have a backup power source? Yes No
- 4) How close are stills and boilers to the rest of the equipment? _____
- 5) Are grain storage and handling areas, production facilities, and product storage areas each situated in separate fire divisions? Yes No
- 6) How often is the insured's distilling apparatus examined for leaks? _____
- 7) What precautions has the insured taken to shut down the refrigeration system when a fire occurs? _____

- 8) What are the age, type, and condition of insured's wiring? _____
- 9) When is the last time the wiring was inspected by a licensed electrician, and was any work need as a result?

- 10) Is the insured's electrical system adequate to handle the electrical load? Yes No
 *The insured should be compliant with NFPA 70-National Electrical Code.
- 11) What are the age, type, and condition of the insured's electrical equipment and machinery? _____

- 12) Is all machinery NRTL-listed, properly grounded, and double insulated? Yes No
- 13) How are the insured's stills heated? _____
- 14) Are all mashing, fermenting, and storage vessels made of stainless steel, iron, or some other nonflammable material? Yes No



- 15) What methods does the insured use to ensure that ingredients are free from foreign objects before they are ground or milled? _____
- 16) What measures does the insured take to prevent oxidation from occurring? _____
- 17) How are grains and yeast stored so that the appropriate temperature and moisture levels are maintained? _____
- 18) Is smoking permitted on the premises? Yes No
If yes, are smoking areas separated from production areas? Yes No
- 19) Does the insured have adequate dust control and removal systems? Yes No
Describe what they have: _____
- 20) Does the insured have in-rack sprinklers in their warehouse? Yes No
Do they have an adequate number of overhead automatic sprinklers in the warehouse? Yes No
- 21) What is the age, type, and condition of the insured's fire detection and suppression system? _____
- 22) Are there any firefighting access problems? Yes No
- 23) What is the location and response time of the nearest fire department? _____

GENERAL LIABILITY

- 1) Estimated annual receipts for:
 - a. Total liquor sales for on-site consumption: _____
 - b. Total package liquor sales for off-site consumption: _____
 - c. Total revenue from tours and tastings _____
 - d. Total food sales: _____
 - e. Total gift shop merchandise sales (other than alcohol): _____
- 2) Do floors have non-skid surfaces? Yes No
- 3) Are there built-in drains in the floors? Yes No
- 4) Is there an on-site tasting room?
If yes, what's the capacity? _____
- 5) How many drinks or samples per guest are allowed in the tasting room? _____
- 6) Do you offer tours? Yes No
If yes, are they given by your employees? Yes No
- 7) Has the insured ever had to perform a product recall or market withdrawal?
If yes, when did it occur and what caused it? Yes No
- 8) 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
- 9) What are the training and experience of the insured's employees? _____
- 10) Quality controls like proper employee hygiene, frequent cleaning of the premises, machinery, and tanks and controlling pest infestation are basics of sanitation. What is the insured's practice? _____
- 11) What quality control steps are taken throughout the distilling and fermenting processes? _____
- 12) Do grain-handling areas have proper ventilation and hand washing facilities? 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