



BEVERAGE MANUFACTURING/BOTTLING SUPPLEMENTAL QUESTIONNAIRE

Named Insured _____

Classify Operation

- | | |
|---|--|
| <input type="checkbox"/> Beverage Bottler – Soft Drinks | <input type="checkbox"/> Fruit or Vegetable Juice Mfg. |
| <input type="checkbox"/> Craft Breweries (Microbreweries) | <input type="checkbox"/> Water Bottling – in Siphons |
| <input type="checkbox"/> Water Bottling – Spring or Well | <input type="checkbox"/> Coffee Roasting |

Section 1 – General Information

1. What types of beverages does the applicant produce? _____
2. Year business was started? _____
3. Year of present management control? _____
4. Does the applicant have a retail shop on premises? ☐ Yes ☐ No
If yes, what are the total annual receipts for this operation? _____
5. Are vending machines and fountain equipment services offered by the applicant? ☐ Yes ☐ No
If yes, is installation provided? ☐ Yes ☐ No
6. Do they provide a maintenance agreement? ☐ Yes ☐ No
If yes, what are the total annual receipts for this operation? _____
7. Please describe products manufactured & sold under the applicants label or trademark:

8. Are you a member of a local, state or national association? ☐ Yes ☐ No
If yes, please list the associations to which you belong:

9. Have you merged with or acquired any companies in the last three years? ☐ Yes ☐ No
If yes, provide details and advise how past liabilities were handled in the acquisition:

Section 2 – Property

1. Does the applicant have their own maintenance/janitorial staff? ☐ Yes ☐ No
2. Is applicant compliant with NFPA 70 National Electrical Code Standards? ☐ Yes ☐ No
3. Are surge protectors and proper grounding used on all electrical equipment? ☐ Yes ☐ No
4. Is premises equipped with fire extinguishers and are they serviced annually? ☐ Yes ☐ No
5. Does the applicant have a routine schedule for thorough inspection and maintenance of all boilers and machinery? ☐ Yes ☐ No
If yes, who does the applicant use to service and inspect the equipment using a written service contract?
☐ Owned trained staff ☐ Licensed contractor ☐ Other
If other, explain _____
6. What type of refrigeration systems does the applicant use? (Check all that apply)
☐ Ammonia ☐ Chlorodifluoromethane (HCFC-22)
7. Are temperatures on all heat-generating equipment supervised by experienced operators while the equipment is in use? ☐ Yes ☐ No



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Section 3 – Premises/Operations

1. Do visitors have access to production areas? ☐ Yes ☐ No
2. If yes, are visitors required to wear safety equipment? ☐ Yes ☐ No
3. Does the applicant have a sanitation supervisor whose job is to oversee proper sanitation practices for the entire facility? ☐ Yes ☐ No
4. Are refrigeration systems relied on heavily to maintain product quality? ☐ Yes ☐ No
5. Are outside representatives allowed on the manufacturing floor without being accompanied? ☐ Yes ☐ No
6. What types of personal protective equipment (steel toe shoes, safety glasses) does the applicant require of outside visitors? _____
7. Does the plant have a safety video for visitors to watch prior to entering the manufacturing floor? ☐ Yes ☐ No

Section 4 – Products/Completed Operations

1. Do you have a Formal Quality Control Program? ☐ Yes ☐ No
If yes, provide details. If no, how do you assure the quality of your products?

2. Is the applicant subject to federal or state inspection? ☐ Yes ☐ No
3. Does a qualified lab technicians test regularly for product contamination? ☐ Yes ☐ No
4. Are Certificates of Insurance obtained from major/critical suppliers? ☐ Yes ☐ No
5. Is Vendors Additional Insured coverage obtained from major/critical suppliers? ☐ Yes ☐ No
6. Are accurate records kept that can trace all ingredients? ☐ Yes ☐ No
7. Does the applicant import any products including ingredients? ☐ Yes ☐ No
8. Please explain what ingredients and where imported from:

If yes, does the international supplier have a US presence? ☐ Yes ☐ No
9. What percentage of the applicant's beverages are bottled in:
Cans: _____ % PET plastic bottles: _____ % Glass Bottles: _____ %
10. Are accurate records kept that can trace all ingredients? ☐ Yes ☐ No
11. Has the applicant ever been investigated or cited by the FDA or named in a Product Liability Lawsuit? ☐ Yes ☐ No
If yes, what was the cause?

Section 5 – Automobile

1. How does applicant ship or deliver their goods? ☐ Own Fleet ☐ Contract/Common Carrier
2. Does the applicant have a sales force that uses their own automobiles in the business of the applicant? ☐ Yes ☐ No
If yes, does the applicant require minimum liability limits on the sales person's Personal auto policy and obtain Certificates of Insurance annually from those individuals? ☐ Yes ☐ No



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Section 6 – Class Specific Questions

1. If operating a Craft or Microbrewery operation:
Does the applicant pasteurize their beer? ☐ Yes ☐ No
If no, how is the unpasteurized beer kept fresh from spoilage? _____
2. Does the applicant have a liquor license? ☐ Yes ☐ No
3. Do servers receive Liquor serving training such as TIPS? ☐ Yes ☐ No
4. Does the applicant have guided tours of the production facilities? ☐ Yes ☐ No
If yes, is safety equipment required? ☐ Yes ☐ No
5. Is complementary beer made available upon completion of tour? ☐ Yes ☐ No
If yes, what are the number of complimentary servings allowed? _____
6. Are more than 10% of applicant's annual sales derived from the on-premises consumption of applicant's product, including food? If yes, what percentage? _____ ☐ Yes ☐ No