



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 Yes No
and maintenance of all boilers and machinery?

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?
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