



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES SAFETY GROUP **Brewery Supplemental Application**

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. What are the days & hours of operations? _____
2. Please provide name of the general manager(s) and experience in the business _____

3. What percentage of sales is retail or wholesale: Retail: _____% Wholesale: _____%
Please provide percentage of annual sales for: Beer/Wine: _____% Tasting: _____% Food: _____%
Is there any distilling done on premises? Yes No Is bottling done in-house? Yes No
Describe how product is sold: _____
Is there tasting and consumption on-site? Yes No
If you provide tasting, provide a brief description of tasting procedures: _____
Provide description of employee training: _____

4. Describe Alcohol Awareness Training for servers, employees handling alcohol, especially for those involved with the tasting process: _____

How often is refresher training required? _____
What controls are in place to prohibit employees from consuming alcohol while working and how do they monitor? Please describe: _____

5. Food/Restaurant: Is food served? Yes No
Is commercial cooking equipment used? Yes No
Does all commercial equipment meet the equipment & performance requirements of NFPA 96? Yes No
How often is automatic extinguishing system serviced? _____
What is the frequency of cleaning, degreasing of the filters, exhaust hood & ducts?
Is it Weekly/Monthly/Annually: _____
Are portable fire extinguishers available and are employees trained on proper usage? Yes No
6. Do you grow your own crops for this product? Yes No
Provide type of crops & the number of acres harvested for each _____

Provide the number of tractors with ROPs & seatbelts and PTOs: _____
Describe safety training procedures for tractors: _____

7. Hiring Procedures:
Are references checked? Yes No Drug Testing? Yes No Pre-employment physicals Yes No
Do you hire minors under the age of 18? If yes, what are their duties? _____

8. Safety Procedures:
Describe your general safety training program for new & current employees: _____

Do you have a designated Safety Officer/Manager? If yes, please provide safety responsibilities: _____

Provide details on how often you hold safety training sessions and what are your procedures for training documentation: _____

9. Delivery/Driving:
Do your employees deliver your product? Yes No
If yes, provide the number of delivery drivers and a brief description of operations (radius): _____

Please provide a list all drivers, date of birth & driver's license, on a separate sheet

Are MVRs reviewed annually for all employees that operate motor vehicles for business purposes? Yes No
If yes, are driver violations addressed with employee? Yes No

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____