



BEVERAGE MANUFACTURING/BOTTLING  
SUPPLEMENTAL QUESTIONNAIRE

Named Insured \_\_\_\_\_

Classify Operation

- Beverage Bottler – Soft Drinks
- Craft Breweries (Microbreweries)
- Water Bottling – Spring or Well
- Fruit or Vegetable Juice Mfg.
- Water Bottling – in Siphons
- 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?  
If yes, is safety equipment required?  Yes  No
5. Is complimentary 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