



CIDER PAK SUPPLEMENTAL APPLICATION

Applicant/Insured Information

Applicant/Insured Name _____

Website _____

Main Contact _____ Title _____ Phone _____

Agency Name _____ Agency Contact _____ Phone _____

Federal Tax ID # _____ Year Established _____

Location Address _____

Total square footage of the building _____ Square footage occupied by you _____

If you are not the sole tenant, please describe other occupants _____

Owner's name(s) and background experience/information _____

Please provide a profit & loss statement and a balance sheet. If a new venture, please include proforma and business plan.

Annual Revenue

Current Year (Projected YE)\$ _____ Past Year\$ _____ Next Year (Projected)\$ _____

Cider Manufacturing Operations

Including wholesale sales to others only - distributors, other restaurants/bars/retailers provide separately for each cider location

Cider – Bottles \$ _____

Cider – Kegs \$ _____

Cider – Cans \$ _____

Restaurant/Tap Room Operations

Provide separately for each restaurant or tap room. Provide estimate of retail markup for beer sold from Restaurant/tap room.

	Consumed On Premises	Consumed Off Premises
Cider – Bottles	\$ _____	\$ _____
Approx Retail Markup	% _____	
Cider – Draft	\$ _____	\$ _____
Approx Retail Markup	% _____	
Cider – Cans	\$ _____	\$ _____
Approx Retail Markup	% _____	
Wine Sales	\$ _____	
Spirits Sales	\$ _____	
Beer/Cider of Others Sales	\$ _____	
Food & Non-Alc Drink Sales	\$ _____	\$ _____
Total Revenue	\$ _____	
Gifts/Merchandise (Non Alcoholic)	\$ _____	

Tap Room Hours of Operation _____ to _____ Days of the Week _____

What is the age of your cider system? _____ How many barrels produced annually? _____

Do you mill your own grain? Yes No Is there a separate milling room/area? Yes No

Are genetically modified ingredients (GMOs) used to produce your cider? Yes No

Building Update Years: Electrical _____ Plumbing _____ Heating _____ Roof _____

Age of Refrigeration Systems? _____ Are they on a maintenance contract? Yes No Gas Detectors/Alarms Present? Yes No

Fire/Burglar Alarms Present? Yes No Central Station? Yes No

Does Floor have non-skid surface? Yes No Are Drains built into floor? Yes No

Business Personal Property (Replacement Cost)

Do you own the building? Yes No Are you responsible for insuring the building? Yes No

Tenant Improvements & Betterments \$ _____

*Value of Cider Equipment (bolted to the ground) \$ _____

*Value of Cider Equipment (Not bolted to the ground, incl. forklifts, barrels, racking equip., etc.) \$ _____

Value of Raw Material on Hand (on average) \$ _____

Value of Inventory (aging in barrels or fully finished) \$ _____

Value of Other Property (desks, computers, other items not included above) \$ _____

Total Business Personal Property \$ _____

Leased Keg Value? _____ Owned Keg Value? _____

Do you hire others to transport your products? Yes No If Yes, please provide the Name of Company _____

Does the company assume liability for loss of goods during the shipping process? Yes No

Do you require certificate of liability insurance annually from this firm Yes No

Do you contract others to manufacture on your behalf? Yes No If Yes, please provide copy of written agreement.

Do you produce or sell any other alcoholic beverages (beer, liquor, wine, etc)? Yes No

If Yes, please explain _____

Do you plan on conducting any special events in the upcoming twelve months? Yes No

If Yes, please provide date and description of events (if known) _____

Are tours offered? Yes No If yes, please describe safety measures taken (waiver signed, employee led, if personal protective equipment is needed or issued). _____

Are all those that serve alcohol L.E.A.D. and/or Tips Certified for responsible alcohol service? Yes No

Describe age verification procedures _____

Has insured had any alcohol related claims in last 5 years? Yes No If yes, describe _____

Has insured been cited by Liquor Control Commission in last 5 years? If yes, describe _____

Do you batch test for quality control? Yes No

If a recall is necessary, do you keep the proper records to assist in a recall? (please briefly describe records kept, labeling process, etc) _____

Does the applicant feature any entertainment? Yes No

If yes, describe _____

Does the applicant ever employ bouncers, security or doorpersons? Yes No

Completed by _____ Date _____