

**Prime vintage**

**SUPPLEMENTAL**

**APPLICATION**

**Prime vintage insurance services, llc**

**License No. 1608340**

**56 Ivanhoe Drive**

**Manalapan, NJ 07726**

 **Phone: 707.637.6784**

**Tonya.Fuller@primevintage.com**

|  |
| --- |
| **section a: applicant** |
| **A1** | **DATE OF APPLICATION** |  |
| **A2** | **EFFECTIVE DATE** |  | **QUOTE DUE DATE** |  |
| **A3** | **NAMED INSURED(S)** |  |
|  | **DBA(S)** |  |
| **A4** | **MAILING ADDRESS** |  |
|  | **If more than one Named Insured exists, please list and explain relationship below:** |
|  |  |
| **A5** | **CONTACT NAME** |  | **PHONE** |  |
| **A6** | **COMPANY STRUCTURE** | **[ ]  Individual** | **[ ]  Partnership** | **[ ]  Corporation** | **[ ]  Other** |
| **A7** | **WEBSITE** |  |

|  |
| --- |
| **SECTION B: REVENUE BREAKDOWN** |
| **WINE AND CIDER PRODUCTS** |
| **CASED WINE (WINE THAT IS OR IS TO BE BOTTLED)** |
| **B1** | **Sales Volume** – Total Number of cased/bottled wine to be sold over the next 12 months: | **Cases** |
|  | **Revenue** –Total Sales of cased/bottled wine over the next 12 months: | **$** |
|  | **Average** – Approximate revenue per case (average for all varietals): | **$** |
| **BULK WINE (WINE THAT IS TO BE SOLD AS BULK WINE VERSUS CASED WINE)** |
| **B2** | **Sales Volume** – Total Number of bulk wine gallons to be sold over the next 12 months: | **0 Gallons** |
|  | **Revenue** – Total Sales of bulk wine over the next 12 months:  | **$0** |
|  | **Average** – Approximate revenue per gallon for wine to be sold as bulk wine (average for all varietals): | **$0** |
| **CASED CIDER (CIDER THAT IS OR IS TO BE BOTTLED)** |
| **B3** | **Sales Volume** – Total Number of cased/bottled cider to be sold over the next 12 months: | **0 Cases** |
|  | **Revenue** –Total Sales of cased/bottled cider over the next 12 months: | **$0** |
|  | **Average** – Approximate revenue per case (average for all varietals): | **$0** |
| **BULK CIDER (CIDER THAT IS TO BE SOLD AS BULK CIDER VERSUS CASED CIDER)** |
| **B4** | **Sales Volume** – Total Number of bulk cider gallons to be sold over the next 12 months: | **0 Gallons** |
|  | **Revenue** – Total Sales of bulk cider over the next 12 months:  | **$0** |
|  | **Average** – Approximate revenue per gallon for cider to be sold as bulk cider (average for all varietals): | **$0** |
|  **SECTION B – REVENUE BREAKDOWN CONTINUED** |
| **TASTING/TOUR OPERATIONS** |
| **B5** | Do you operate or lease a Tasting Room? | [ ]  Yes [ ]  No |
|  | If yes, what is your annual revenue for Tasting Fees? **(This should only include wine that is consumed on premises.)** | **$** |
|  | Do you offer Tours? | [ ]  Yes [ ]  No |
|  | How many visitors do you have on an annual basis? | **Visitors** |
|  | Is your staff trained and/or certified in serving Alcohol? | [ ]  Yes [ ]  No |
| **B6** | Do you provide transportation for visitors to or on your Property? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:  |  |
| **MERCHANDISE** |
| **B7** | Do you sell merchandise? | [ ]  Yes [ ]  No |
|  | If yes, please advise the annual receipts from these products: | **$** |
|  | If yes, do you produce these products? | [ ]  Yes [ ]  No |
|  | Where do you sell these products? | **$** |
|  | Please describe these products: **shirts, glassware,** |  |
| **CUSTOM CRUSH OPERATIONS** |
| **B8** | Do you perform custom crush, winemaking, cider making, wine consulting, or cider consulting services? | [ ]  Yes [ ]  No |
|  | If yes, please advise annual revenue: | **$** |
|  | Please advise number of clients: | **Clients** |
|  | **\*Please provide a copy of the contract used for your custom crush clients.** |  |
| **RESTAURANT/DELI/CATERING EXPOSURE** |
| **B9** | Do you have a restaurant, deli, or catering exposure? | [ ]  Yes [ ]  No |
|  | If yes, please advise annual receipts: | **$** |
|  | **\*If yes, please complete the Restaurant/Deli/Catering Section of this Supplemental Application.** |  |
| **B&B/GUEST HOUSE RENTAL EXPOSURE** |
| **B10** | Do you have a B&B/Guest House Rental exposure? | [ ]  Yes [ ]  No |
|  | If yes, please advise annual receipts: | **$** |
|  | **\*If yes, please complete the B&B/Guest House Section of this Supplemental Application.** |  |
| **FOREIGN SALES** |
| **B11** | Do you have foreign sales? | [ ]  Yes [ ]  No |
|  | If yes, please advise total foreign sales (excluding Canada): | **$** |
|  | Please list countries:  |  |
| **SECTION C: GENERAL INFORMATION** |
| **GENERAL OPERATIONS** |
| **C1** | Do you currently have insurance for your winery? | [ ]  Yes [ ]  No |
|  | If yes, have you had any losses in the past 5 years? | [ ]  Yes [ ]  No |
|  | **\*Please provide a minimum of 3 years currently valued loss runs for all new business submissions.****\*If no prior insurance, please provide a signed letter of no losses.** |  |
| **C2** | Number of years in business: | **Years**  |
| **C3** | Number of employees: |  |
| **C4** | Do you have business exposures besides winemaking or cider making? | [ ]  Yes [ ]  No |
|  | If yes, please explain:  |  |
| **C5** | Who is your winemaker(s)?  |
|  | Winemaker(s) years of experience: Years |
| **C6** | Percentage of wine/cider sold through Wholesalers:  | **%** |
|  | Percentage of wine/cider sold through Retail/Direct to Consumer: | **%** |
| **C7** | Do you participate in off-site venues such as festivals and/or tastings? | [ ]  Yes [ ]  No |
|  | If yes, total number attended annually: |  |
| **C8** | Do you use independent and/or labor contractors? | [ ]  Yes [ ]  No |
|  | If yes, please describe:  |  |
| **C9** | Do you bottle your own wine/cider? | [ ]  Yes [ ]  No |
|  | If yes, please describe bottling line and equipment:  |  |
| **C10** | Do you bottle wine for others? | [ ]  Yes [ ]  No |
|  | If yes, how many cases are bottled for others? | **Cases** |
| **VINEYARD EXPOSURE** |
| **C11** | Do you own or lease vineyard or apple tree property? | [ ]  Yes [ ]  No |
|  | If yes, please provide total number of acres: | **Acres** |
|  | If yes, please provide number of planted acres: | **Acres** |
| **SPECIAL EVENTS** |
| **C12** | Do you host or sponsor Special Events on your premises? | [ ]  Yes [ ]  No |
|  | **If yes, please advise the following:** |  |
|  | Number of events with less than 50 people attending: | **Events** |
|  | Number of events with between 50 to 100 people attending: | **Events** |
|  | Number of events with between 100 to 250 people attending: | **Events** |
|  | Number of events with over 250 people attending: | **Events** |

|  |
| --- |
| **SECTION C: GENERAL INFORMATION CONTINUED** |
| **C13** | Do you rent out your facility to third parties for their events? | [ ]  Yes [ ]  No |
|  | **If yes, please advise the following:** |  |
|  | Number of events with less than 50 people attending: | **Events** |
|  | Number of events with between 50 to 100 people attending: | **Events** |
|  | Number of events with between 100 to 250 people attending: | **Events** |
|  | Number of events with over 250 people attending: | **Events** |
|  | **\*Please provide a copy of the contract used for these events.** |  |
| **FARM EXPOSURE** |
| **C14** | Is your primary residence on the premises? | [ ]  Yes [ ]  No |
|  | If yes, please provide Dwelling & Household Property information on Statement of Values & answer questions below. |  |
| **C15** | Do you have other dwellings on the premises? | [ ]  Yes [ ]  No |
|  | **If yes, please advise the following:** |  |
|  | Total number of dwellings: |  |
|  | Are they occupied full time? | [ ]  Yes [ ]  No |
| **C16** | Is there a pool on the premises? | [ ]  Yes [ ]  No |
|  | If yes, is there a diving board? | [ ]  Yes [ ]  No |
|  | If yes, is it fenced so that visitors cannot access? | [ ]  Yes [ ]  No |
|  | If yes, is there a self-latching gate? | [ ]  Yes [ ]  No |
| **C17** | Do you have any other crops besides grapes or apples? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:  |  |
| **C18** | Do you have any livestock? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:  |  |
| **C19** | Do you have any Horses? | [ ]  Yes [ ]  No |
|  | If yes, are they kept fenced in and away from visitors? | [ ]  Yes [ ]  No |
|  | If yes, do you allow visitors to ride them? | [ ]  Yes [ ]  No |
| **C20** | Do you own any Watercraft? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:  |  |

|  |
| --- |
| **SECTION D: WINE STOCK INVENTORY (PLEASE USE WINE STOCK CURRENTLY “ON HAND” WHEN COMPLETING)** |
| **YEAR WINE MADE** | **NUMBER OF CASES**(Cased Wine/Cider) | **NUMBER OF GALLONS**(Bulk Wine/Cider to be Bottled) | **NUMBER OF GALLONS**(Bulk Wine/Cider to be sold as Bulk) |
| **D1** | **Wine/Cider made 2 or more Years ago** | Cases | Gallons | N/A |
| **D2** | **2016** (Wine/Cider made 1 Year ago) | Cases | Gallons | N/A |
| **D3** | **2017** (Wine/Cider made Current Year) | Cases | Gallons | Gallons |
| **D4** | **2018** (Anticipated Harvest) | Cases | Gallons | Gallons |
| **D5** | **Library Wines** | Cases | Gallons | Gallons |

|  |
| --- |
| **SECTION E: LIABILITY COVERAGE OPTIONS** |
| **COVERAGE OPTION** | **YES/NO** | **LIMIT**  |
| **E1** | Product Withdrawal Expense | [ ]  Yes [ ]  No | [ ]  $50,000 | [ ]  $100,000 | [ ]  $250,000 |
| **E2** | Wind Drift or Overspray | [ ]  Yes [ ]  No | [ ]  $1,000,000 |
| **E3** | Hired & Non-owned Auto Liability | [ ]  Yes [ ]  No | [ ]  $1,000,000 |
| **E4** | Employee Benefits Liability | [ ]  Yes [ ]  No | [ ]  $1,000,000 |
| **E5** | Personal Liability | [ ]  Yes [ ]  No | [ ]  $1,000,000 |
| **E6** | Professional Liability | [ ]  Yes [ ]  No | [ ]  $1,000,000 |
| **E7** | Employment Practices Liability | [ ]  Yes [ ]  No | **See EPL Supplemental Section below for Limit Options.** |
| **E8** | Excess Liability | [ ]  Yes [ ]  No | $      **(Not to exceed $10,000,000)** |

|  |
| --- |
| **SECTION F: PROPERTY** |
| **WINE LEAKAGE** |
| **F1** | What is your maximum leakage exposure from one tank/vessel at one time? |       Gallons |
|  | What is your maximum value per gallon from tank/vessel leakage? | $      Per Gallon |
|  | Wine/Cider Leakage Sublimit desired: | $      |
|  |  |  |
| **PROPERTY IN TRANSIT** |
| **F2** | What is your largest shipment of Bulk Wine/Cider (Not by Mail Service)? |       Gallons |
|  | What is the distance of this shipment? | $      Per Gallon |
|  | What is your largest shipment of Cased Wine/Cider (Not by Mail Service)? |       Cases |
|  | What is the distance of this shipment? |       Miles |
|  | What is the average number of shipments per year? |       Shipments |
|  | Property in Transit Sublimit desired: | $      |
|  |  |  |
| **SECTION F: PROPERTY CONTINUED** |
| **EQUIPMENT/BARRELS** |
| **F3** | Mobile Equipment Blanket Limit Desired: | $      |
| **F4** | Do you own any ATV(s)? | [ ]  Yes [ ]  No |
|  | **If yes, please answer the questions below:** | [ ]  Yes [ ]  No |
|  | Please provide the number of ATV(s): |       **ATV(s)** |
|  | Please describe ATV use:       |  |
|  | Are the ATV(s) taken off premises? | [ ]  Yes [ ]  No |
|  | Do you want physical damage coverage? | [ ]  Yes [ ]  No |
|  | If yes, please advise total replacement cost value for all ATV(s): | $      |
|  | **\*Please include this total amount under the Mobile Equipment Blanket Limit above.** |  |
| **F5** | Do you own Barrels? | [ ]  Yes [ ]  No |
|  | **If yes, please answer the questions below:** | [ ]  Yes [ ]  No |
|  | Please advise number of Barrels: |       **Barrels** |
|  | Please provide value of new Barrels: | $      |
|  | Please provide percentage of French Barrels: |      % |
|  | Please provide percentage of American Barrels: |      % |
|  | **\*Please include the total value amount under the Wine/Cider Equipment on the Statement of Values.** |  |
| **F6** | Do you own any permanently installed equipment at your vineyards? | [ ]  Yes [ ]  No |
|  | **\*If yes, please include total amount under Permanently Fixed Equipment on the Statement of Values.** |  |
| **STOCK OF OTHERS** |
| **F7** | Do you store wine for others? | [ ]  Yes [ ]  No |
|  | If yes, are you responsible for insuring the wine of others? | [ ]  Yes [ ]  No |
|  | Please advise the maximum value of wine you are responsible for insuring: | $      |
| **FINE ARTS/SCHEDULED PERSONAL PROPERTY** |
| **F8** | Do you have any Fine Arts that you want insured on this policy? | [ ]  Yes [ ]  No |
|  | If yes, please advise sublimit: | $      |
|  | **\*Separate schedule describing all items will be required.** |  |
| **F9** | Do you have any Personal Property that you want specifically scheduled on this policy? | [ ]  Yes [ ]  No |
|  | If yes, please advise sublimit: | $      |
|  | **\*Separate schedule describing all items will be required.** |  |
| **MISCELLANEOUS** |
| **F10** | Are any of your buildings sprinklered? | [ ]  Yes [ ]  No |
|  | If so, do you want earthquake sprinkler leakage coverage for these buildings? | [ ]  Yes [ ]  No |
| **F11** | Do you have plans for any construction at your described premises? | [ ]  Yes [ ]  No |
|  | If yes, please explain:       |  |
| **F12** | Do you own any Caves? | [ ]  Yes [ ]  No |
|  | If yes, please advise Value (excluding costs of excavation): | $      |

|  |
| --- |
| **SECTION G: ADDITIONAL COVERAGE OPTIONS** |
| **STOCK AT UNNAMED LOCATIONS** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Stock at Unnamed Locations | $250,000 | [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000 |
| **CRIME COVERAGE** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Employee Dishonesty | $50,000 | [ ]  $100,000 | [ ]  $250,000 | [ ]  $500,000 |
| Money & Securities – On Premises | $25,000 | [ ]  $50,000 | [ ]  $100,000 |
| Money & Securities – Off Premises | $10,000 | [ ]  $25,000 | [ ]  $50,000 | [ ]  $100,000 |
| **ACCIDENTAL BLENDING OF WINE – HUMAN ERRORS** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Accidental Blending of Wine – Human Errors | $0 | [ ]  $25,000 | [x]  $50,000 | [ ]  $100,000 |
| **POLLUTANTS CLEAN UP AND REMOVAL** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Pollutants Clean Up and Removal | $50,000 | [ ]  $100,000 |
| **ACCOUNTS RECEIVABLE** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Accounts Receivable | $250,000 | [ ]  $500,000 | [ ]  $1,000,000 |
| **VALUABLE PAPERS** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Valuable Papers | $250,000 | [ ]  $500,000 | [ ]  $1,000,000 |
| **BUSINESS INCOME, EXTENDED BUSINESS INCOME, & EXTRA EXPENSE TIMELINE** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Business Income, Extended Business Income, & Extra Expense Timeline | 12 Months (Actual Loss Sustained) | [ ]  24 Months (Actual Loss Sustained) |
| **PERSONAL EFFECTS AND PROPERTY OF OTHERS (OTHER THAN STOCK)** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Personal Effects and Property of Others(Other than Stock) | $25,000 | [ ]  $50,000 | [ ]  $100,000 |

|  |
| --- |
| **SECTION G: ADDITIONAL COVERAGE OPTIONS CONTINUED** |
| **BACKUP OR OVERFLOW OF WATER FROM SEWER, DRAIN, SUMP** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Backup or Overflow of Water from Sewer, Drain, or Sump | $25,000 | [ ]  $100,000 |
| **UTILITY SERVICES – DIRECT DAMAGE** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Utility Services – Direct Damage(This Limitation does not apply to Stock) | $25,000 | [ ]  $50,000 | [ ]  $100,000 |
| **UTILITY SERVICES – BUSINESS INCOME AND EXTRA EXPENSE** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Utility Services – BI and EE(This Limitation does not apply to Stock) | $25,000 | [ ]  $50,000 | [ ]  $100,000 |
| **TRELLIS AND VINES** |
| **COVERAGE** | **PRIME VINTAGE AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** |
| Trellis and Vines | $100,000 | [ ]  $250,000 | [ ]  $500,000 | [ ]  $1,000,000 |

|  |
| --- |
| **SECTION H: NOTES SECTION** |
|       |

|  |
| --- |
| **RESTAURANT/DELI/CATERING SUPPLEMENTAL APPLICATION – PLEASE COMPLETE IF YOU ANSWERED “YES” TO B9 ABOVE** |
| **1.** | Please check all boxes that apply for this exposure: [ ]  Restaurant [ ]  Deli [ ]  Catering [ ]  Other       |
| **2.** | Years in Operation: |       Years |
| **3.** | Number of Days Per Week Open: |       Days |
| **4.** | Hours of Operation: |       AM to       PM |
| **5.** | Seating Capacity: |       People |
| **6.** | Do you serve other alcohol besides wine or cider? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:       |  |
| **7.** | Do you have Tableside or Fondue Cooking? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:       |  |
| **8.** | Is catering offered? | [ ]  Yes [ ]  No |
|  | If yes, please advise percentage of gross receipts provided in question **B9** above: |      % |
|  | Please advise number of events catered each year: |       events |
| **9.** | Has the electrical system been updated to current building code standards in the last 25 years? | [ ]  Yes [ ]  No |
|  | Have new breaker boxes and wiring been added to the system? | [ ]  Yes [ ]  No |
|  | If yes, please advise what year: |       |
|  | If yes, please advise average number of people attending these catered events: |       |
| **10.** | Are there any permanent fixtures, equipment, or coolers powered by extension cords? | [ ]  Yes [ ]  No |
|  | If yes, please advise safety precautions taken:       |  |
| **11.** | Is refrigeration maintained at < 41°F? | [ ]  Yes [ ]  No |
| **12.** | Are freezers maintained at < 20°F? | [ ]  Yes [ ]  No |
| **13.** | Is fresh shellfish served? | [ ]  Yes [ ]  No |
|  | Is raw meat/seafood served? | [ ]  Yes [ ]  No |
|  | If yes, please advise if there are disclaimers on menus regarding consumption of raw/undercooked meats, poultry, seafood, shellfish, or eggs? | [ ]  Yes [ ]  No |
| **14.** | Is there a UL 300 compliant Automatic Extinguishing System? | [ ]  Yes [ ]  No |
| **15.** | Is there a Class K (wet chemical) fire extinguisher in all cooking areas? | [ ]  Yes [ ]  No |
| **16.** | Is the fire suppression system serviced twice a year by a licensed contractor? | [ ]  Yes [ ]  No |
| **17.** | Is there a contracted cleaning program established for the hood and ventilation system? | [ ]  Yes [ ]  No |
|  | If yes, please advise number of times per year: |       Times |
| **18.** | How often are filters/screens pulled down and cleaned? [ ]  More than once per week [ ]  Weekly [ ]  Monthly |
| **19.** | Have you had any Board of Health Violations during the last 36 months? | [ ]  Yes [ ]  No |
|  | If yes, please provide details:       |  |
| **B&B/GUEST HOUSE RENTAL SUPPLEMENTAL APPLICATION – PLEASE COMPLETE IF YOU ANSWERED “YES” TO B10 ABOVE** |
| **1.** | Please check all boxes that apply for this exposure: [ ]  B&B [ ]  Guest House(s) [ ]  Other       |
| **2.** | Years in Operation: |       Years |
| **3.** | Does the owner reside on the premises where the B&B/Guest House(s) is located? | [ ]  Yes [ ]  No |
|  | If not, is there a manager residing on the premises and overseeing the operations? | [ ]  Yes [ ]  No |
| **4.** | Do you require guests to sign a contract waiving you of all liability? | [ ]  Yes [ ]  No |
|  | **\*Please provide a copy of the contract.** |  |
| **5.** | How many stories is the B&B/Guest House? |       Stories |
| **6.** | How many Buildings? |       Buildings |
|  | How many rooms? |       Rooms |
|  | Are all Buildings at the same Location? | [ ]  Yes [ ]  No |
|  | If no, please provide details:        |  |
| **7.** | Does the B&B/Guest House(s) have any pools, hot tubs, saunas, or steam rooms? | [ ]  Yes [ ]  No |
|  | If yes, are the guests allowed access to these facilities? | [ ]  Yes [ ]  No |
| **8.** | Does the B&B/Guest House(s) have exercise equipment, tennis courts, or other athletic facilities? | [ ]  Yes [ ]  No |
|  | If yes, are the guests allowed access to these facilities? | [ ]  Yes [ ]  No |
| **9.** | Is there a swimming pool on premises? | [ ]  Yes [ ]  No |
|  | If yes, is there a diving board? | [ ]  Yes [ ]  No |
|  | If yes, do the guests have access to the pool? | [ ]  Yes [ ]  No |
| **10.** | Does the B&B/Guest House(s) have horses or stable facilities? | [ ]  Yes [ ]  No |
|  | If yes, are the guests allowed to access and/or ride the horses? | [ ]  Yes [ ]  No |
| **11.** | Do guest rooms have at least two means of escape (stairway, ramp, door, or window)? | [ ]  Yes [ ]  No |
| **12.** | Are smoke detectors installed on every floor and in each guest room? | [ ]  Yes [ ]  No |
| **13.** | Are there fire extinguishers in the B&B/Guest House(s)? | [ ]  Yes [ ]  No |
|  | If yes, please advise how many: |       Fire Extinguishers |
| **14.** | Is there a no smoking policy for the entire premises? | [ ]  Yes [ ]  No |
| **15.** | Are there any fireplaces in the B&B/Guest House(s)? | [ ]  Yes [ ]  No |
|  | If yes, please advise how many: |       Fireplaces |
| **16.** | Does the B&B/Guest House(s) provide food service? | [ ]  Yes [ ]  No |
|  | **\*If yes, please complete the Restaurant/Deli/Catering Supplemental Application on Page 10.** |  |

|  |
| --- |
| **PROFESSIONAL LIABILITY ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION** |
| **PLEASE COMPLETE THIS SECTION IF YOU ARE REQUESTING PROFESSIONAL LIABILITY ERRORS & OMISSIONS COVERAGE.** |
| **LIMIT OF INSURANCE:** $1,000,000 | **DEDUCTIBLE:** $2,500 |
| Do you currently have Professional Liability Errors & Omissions Coverage? | [ ]  Yes [ ]  No |
| If yes, is your coverage claims-made or occurrence? [ ]  Claims-Made [ ]  Occurrence |  |
| If Claims-Made, please provide the retroactive date: |       |
| Designated Professional Services:       |  |
| **\*COVERAGE IS LIMITED TO WINEMAKING/WINE CONSULTING AND CIDER MAKING/CIDER CONSULTING.** |  |
| **CONSULTING REVENUE** |
| Please provide your projected gross consulting revenue for the current year: | $      |
| Please provide the annual gross consulting revenue last year: | $      |
| Please provide the annual gross consulting revenue two years ago: | $      |
| **CONTRACTS** |
| Do you use a written contract? [ ]  In all Cases [ ]  Sometimes [ ]  Never |
| **\*Please provide a copy of the contract.** |
| **LOSS HISTORY** |
| Have you been sued or threatened with suit for any act, error or omission in the past 3 years? | [ ]  Yes [ ]  No |
| If yes, please provide full details:       |  |
| After inquiry, do any of your principals, partners, officers, directors, employees, or any other proposed insured have knowledge or information about any act, error, or omission which might reasonably be expected to give rise to a claim against you? | [ ]  Yes [ ]  No |
| If yes, please provide full details:       |  |
| Has any similar insurance ever been declined or cancelled? | [ ]  Yes [ ]  No |
| If yes, please provide full details:       |  |

|  |
| --- |
| **EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL APPLICATION** |
| **PLEASE COMPLETE THIS SECTION IF YOU ARE REQUESTING EMPLOYMENT PRACTICES LIABILITY COVERAGE.** |
| **LIMIT AND DEDUCTIBLE OPTIONS** |
| [ ]  $25,000 / $5,000 Deductible | [ ]  $50,000 / $5,000 Deductible | [ ]  $75,000 / $5,000 Deductible | [ ]  $100,000 / $5,000 Deductible |
| [ ]  $100,000 / $10,000 Deductible | [ ]  $250,000 / $5,000 Deductible | [ ]  $250,000 / $10,000 Deductible | [ ]  $250,000 / $25,000 Deductible |
| Do you currently have Employment Practices Liability Coverage? | [ ]  Yes [ ]  No |
| If yes, is your coverage claims-made or occurrence? [ ]  Claims-Made [ ]  Occurrence |  |
| If Claims-Made, please provide the retroactive date: |       |
| **EMPLOYEE INFORMATION** |
| Please provide total number of employees:       Full Time       Part Time       Seasonal       Temporary  |
| **HUMAN RESOURCES PROCEDURES** |
| Do you have a written policy on anti-harassment and procedures to report harassment to management? | [ ]  Yes [ ]  No |
| Do you have a written policy on anti-discrimination or an EEOC statement prohibiting discrimination? | [ ]  Yes [ ]  No |
| Do you utilize an employment application that contains an at-will provision? | [ ]  Yes [ ]  No |
| Do you schedule management and supervisory workplace training on HR related issues? | [ ]  Yes [ ]  No |
| Do you adopt termination review by management, HR manager, or outside HR professional or law firm? | [ ]  Yes [ ]  No |
| Are your facilities designed to accommodate the disabled in accordance with the Americans with Disabilities Act (ADA) law? | [ ]  Yes [ ]  No |
| **LOSS HISTORY** |
| Have you had any wrongful termination, discrimination, sexual harassment, or workplace torts that have been filed against you in the last 5 years?  | [ ]  Yes [ ]  No |
| If yes, please provide details below: |  |
|       |

|  |
| --- |
| **SUPPLEMENTAL INFORMATION** |
|       |

**PLEASE READ AND SIGN BELOW**

As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, complete, and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

|  |
| --- |
|  |
| **SIGNATURE OF APPLICANT** |
|       |       |       |
| **NAME** | **TITLE** | **DATE** |
|  |
| **SIGNATURE OF BROKER** |
| Eric Wright | Agent | 07-14-18 |
| **NAME** | **TITLE** | **DATE** |