

**SUPPLEMENTAL**

**APPLICATION**

**Prime vintage insurance services, llc**

**License No. 1608340**

**56 Ivanhoe Drive**

**Manalapan, NJ 07726**

**Phone: 904-557-1897 or 858-922-4738**

[**Submissions@primevintage.com**](mailto:Submissions@primevintage.com)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **section a: applicant** | | | | | | | | |
| **A1** | **DATE OF APPLICATION** |  | | | | | | |
| **A2** | **EFFECTIVE DATE** |  | | **QUOTE DUE DATE** | | | |  |
| **A3** | **NAMED INSURED(S)** |  | | | | | | |
| **A4** | **MAILING ADDRESS** |  | | | | | | |
|  | **DBA(S)** |  | | | | | | |
|  | **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: | **Gallons** |
|  | | **Revenue** – Total Sales of bulk wine over the next 12 months: | **$** |
|  | | **Average** – Approximate revenue per gallon for wine to be sold as bulk wine (average for all varietals): | **$** |
| **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: | **Cases** |
|  | | **Revenue** –Total Sales of cased/bottled cider over the next 12 months: | **$** |
| **`** | | **Average** – Approximate revenue per case (average for all varietals): | **$** |
| **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: | **Gallons** |
|  | | **Revenue** – Total Sales of bulk cider over the next 12 months: | **$** |
|  | | **Average** – Approximate revenue per gallon for cider to be sold as bulk cider (average for all varietals): | **$** |
| **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? | **$** |
|  | | Please describe these products: |  |
| **CUSTOM CRUSH OPERATIONS** | | | |
| **B8** | | Do you perform custom crush, winemaking, cider making, wine consulting, or cider consulting services? | Yes  No |
|  | | If yes, please advise annual revenue: | **$** |
|  | | 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** | (Wine/Cider made 1 Year ago) | Cases | Gallons | N/A |
| **D3** | (Wine/Cider made Current Year) | Cases | Gallons | Gallons |
| **D4** | (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 | $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** | | |
|  |  |  |
| **NAME** | **TITLE** | **DATE** |