

SECTION A: APPLICANT

A1	DATE OF APPLICATION			
A2	RENEWAL DATE		QUOTE DUE DATE	
A3	NAMED INSURED(S) DBA(S)			
If more than one Named Insured exists, please list and explain relationship below:				
A4	CONTACT NAME		PHONE	
A5	STREET ADDRESS			
A6	CORP. STRUCTURE	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other

SECTION B: REVENUE BREAKDOWN

WINE PRODUCTS			
CASED WINE (WINE THAT IS OR IS TO BE BOTTLED)		CURRENT	RENEWAL
B1	Sales Volume – Total number of cased/bottled wine to be sold over next 12 months:	cases	cases
	Revenue – Total sales of cased/bottled wine over next 12 months:	\$	\$
	Average – Approximate revenue per case (average for all varietals):	\$	\$
BULK WINE (WINE 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	gallons
	Revenue – Total sales of bulk wine over next 12 months (to be sold as bulk wine vs cased wine):	\$	\$
	Average – Approximate revenue per gallon for wine sold as bulk wine (average for all varietals):	\$	\$
BRANDY OR PORT / SPARKLING WINE			
B3	Sales Volume – Total sales of brandy or port over next 12 months:	\$	\$
	Sales Volume – Total sales of sparkling wine over next 12 months:	\$	\$
ALL OTHER:			
B4	Do you have foreign sales?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
	If yes, total foreign sales: (excluding Canada)	\$	\$
	If yes, countries sold to:		
B5	Do you have sales from "other than wine products"?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
	If yes, do you produce these products?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
	If yes, please advise annual receipts from these products:	\$	\$
	If yes, please describe these products:		
	If yes, where do you sell these products?		

		CURRENT	RENEWAL
B6	Do you have a restaurant or deli exposure? <i>If yes, please advise annual receipts:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
<i>If yes, please provide details:</i>			
B7	Do you provide any lodging for the public? <i>If yes, please advise annual receipts:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
<i>If yes, please provide details:</i>			

SECTION C: WINE STOCK INVENTORY

YEAR WINE MADE	# OF CASES (cased wine only)	# OF GALLONS (bulk wine to be bottled)	# OF GALLONS (bulk wine to be sold as bulk)
C1 2007 (wine made 3 Years ago or more)	cases	gallons	N/A
C2 2008 (wine made 2 Years ago)	cases	gallons	N/A
C3 2009 (wine made 1 Year ago)	cases	gallons	gallons
C4 2010 (wine made Current Year)	cases	gallons	gallons
C5 2011 (anticipated Year Harvest)	N/A	gallons	gallons
C6 Library Wines	cases	N/A	N/A

SECTION D: GENERAL INFORMATION

		CURRENT	RENEWAL
D1	Do you currently have insurance for your winery? <i>If yes, have you had any losses in the past five (5) years?</i> We will need five (5) years of currently valued loss runs if you are not an existing client.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
D2	Number of years in business:	years	years
D3	Who is your winemaker?		
D4	Winemaker's years of experience:	years	years
D5	Total number of employees:	employees	employees
D6	Do you have any operations insured elsewhere? <i>If yes, please explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D7	Do you have business exposures besides winemaking and distribution? <i>If yes, please explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D8	Do you perform custom crush, winemaking, or wine consulting services? <i>If yes, please advise number of clients:</i> <i>If yes, please advise annual revenue:</i> <i>If yes, please explain and provide a copy of your contract:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO clients \$	<input type="checkbox"/> YES <input type="checkbox"/> NO clients \$
D9	Do you host or sponsor Special Events* on your Premises? <i>If yes, please provide number of events:</i> Please provide description in SECTION G – SUPPLEMENTAL INFORMATION. (*Silver Pass Weekend or Trade Shows are not considered Special Events)	<input type="checkbox"/> YES <input type="checkbox"/> NO events	<input type="checkbox"/> YES <input type="checkbox"/> NO events

		CURRENT	RENEWAL
D10	Do you rent out your facility to third parties for their events? <i>If yes, please provide number of events:</i> <i>If yes, please submit contract & describe in SECTION G – SUPPLEMENTAL INFORMATION.</i>	<input type="checkbox"/> YES <input type="checkbox"/> No events	<input type="checkbox"/> YES <input type="checkbox"/> No events
D11	Do you use independent and/or labor contractors? <i>If yes, please describe:</i>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D12	Please list percentage of wine sold through the following mediums: Wholesalers _____ % Retail/Direct to Consumer _____ %		
D13	Do you participate in off-site venues such as wine festivals and / or tastings? <i>If yes, total number attended annually:</i>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D14	Do you provide transportation for visitors to or on your Property? <i>If yes, please provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D15	Do you bottle your own wine? <i>If yes, please describe bottling line and equipment:</i>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D16	Do you bottle wine for others? <i>If yes, how many cases are bottled for others?</i>	<input type="checkbox"/> YES <input type="checkbox"/> No cases	<input type="checkbox"/> YES <input type="checkbox"/> No cases
D17	Do you operate or lease a winery or tasting room?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D18	Is your staff trained and/or certified in serving Alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D19	Do you offer Tours?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
D20	How many visitors do you have on an Annual basis?	visitors	visitors
D21	Do you own or lease any vineyard property? <i>If yes, please provide total number of acres:</i> <i>If yes, please provide number of planted acres:</i>	<input type="checkbox"/> YES <input type="checkbox"/> No acres acres	<input type="checkbox"/> YES <input type="checkbox"/> No acres acres
D22	Do you own any permanently installed equipment at your vineyards? <i>If yes, please include total amount under Permanently Fixed Agricultural Equipment in the Statement of Values.</i>	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

SECTION E: LIABILITY COVERAGE OPTIONS:

COVERAGE OPTION	YES / NO	CURRENT LIMIT	RENEWAL LIMIT
E1 Product Withdrawal Expense	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000
E2 Wind Drift or Overspray	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E3 Hired & Non Owned Automobile Liability	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E4 Employee Benefits Liability	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E5 Internet Liability and Network Protection	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E6 Employment Practices Liability	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E7 Professional Liability Errors & Omissions	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M
E8 Umbrella Coverage	<input type="checkbox"/> YES <input type="checkbox"/> No	\$	<input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> \$4M

SECTION F: PROPERTY

WINE LEAKAGE:		CURRENT	RENEWAL
F1	What is your maximum leakage exposure from one tank/vessel at one time?	gallons	gallons
F2	What is your maximum value per gallon from tank/vessel leakage?	\$ per gallon	\$ per gallon
F3	Wine Leakage Sublimit desired:	\$	\$
PROPERTY IN TRANSIT:			
F4	What is your largest shipment of Bulk Wine (Not by Mail Service)?	gallons	gallons
F5	What is the distance of this shipment?	miles	miles
F6	What is your largest shipment of Cased Wine (Not by Mail Service)?	cases	cases
F7	What is the distance of this shipment?	miles	miles
F8	What is the average number of shipments per year?	shipments	shipments
F9	Property in Transit Sublimit Desired:	\$	\$
MISCELLANEOUS:			
F10	Mobile Equipment Blanket limit:	\$	\$
F11	Are you interested in earthquake sprinkler leakage coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
F12	Do you permanently store property (including stock) at premises not described on this Application?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
F13	Do you own Barrels? <i>If yes, Number of Barrels:</i> <i>If yes, Value of New Barrels: please include total amount under Wine Equipment including Barrels in the Statement of Values:</i> <i>If yes, Percentage of French Barrels:</i> <i>If yes, Percentage of American Barrels:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO Barrels \$ % %	<input type="checkbox"/> YES <input type="checkbox"/> NO Barrels \$ % %
F14	Do you have plans for any construction at your described premises? <i>If yes, please explain:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
F15	Do you own any ATV(s)? <i>If yes, do you want Physical Damage Coverage?</i> <i>If yes, # ATV(s):</i> <i>If yes, are ATV(s) taken off premises?</i> <i>If yes, total replacement cost value for ATV(s): please include total amount under Mobile Equipment Blanket limit.</i> <i>If yes, please describe ATV use:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO \$	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO \$
F16	Do you own any Caves? <i>If yes, please advise Value: (excluding costs of excavation)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
STOCK OF OTHERS:			
F17	Do you store wine for others? <i>If yes, are you responsible for insuring the wine of others?</i> <i>If yes, please advise the maximum value of wine you are responsible for insuring:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO \$	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO \$

STOCK AT UNNAMED LOCATIONS:					
COVERAGE			OPTIONAL SUBLIMIT INCREASE		
F18	Stock at Unnamed Locations		<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
CRIME (WITH OPTIONAL SUBLIMIT INCREASES):					
COVERAGE			OPTIONAL SUBLIMIT INCREASE		
F19	Employee Dishonesty		<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
F20	Money & Securities – On Premises		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F21	Money & Securities – Off Premises		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
PROPERTY SUBLIMITS (WITH OPTIONAL SUBLIMIT INCREASES):					
COVERAGE			OPTIONAL SUBLIMIT INCREASE		
F22	Accidental Blending of Wine – Human Errors		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
F23	Pollutants Clean Up and Removal		<input type="checkbox"/> \$100,000		
F24	Accounts Receivable		<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	
F25	Valuable Papers & Records		<input type="checkbox"/> \$500,000		
F26	Business Income, Extended Business Income, & Extra Expense Timeline		<input type="checkbox"/> 24 Months – Actual Loss Sustained		
F27	Personal Effects and Property of Others (other than Stock)		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F28	Fine Arts (maximum \$1,000 per item)		<input type="checkbox"/> \$		
F29	Backup or Overflow of Water from Sewer, Drain, Sump		<input type="checkbox"/> \$100,000		
F30	Utility Services – Direct Damage (this limitation does not apply to stock damage)		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	
F31	Utility Services – Business Income and Extra Expense (this limitation does not apply to stock damage)		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	

SECTION G: SUPPLEMENTAL INFORMATION

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READ AND SIGN BELOW

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and 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 reasonably 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

GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.