



WINERY SUPPLEMENTAL

APPLICANT'S INFORMATION

1. Applicant's Name:
2. Location Address:
3. Website address: www.
4. Year business was started:
5. Phone: Email:

SECTION I - PROPERTY

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|---|-------------------------------------|--|----|
| 1. Total wine sales expected next 12 months: \$ | # of gallons: | | |
| Total wine sales last 12 months: \$ | # of gallons: | | |
| 2. What are the annual sales from retail sales (tee shirts, hats, food, gifts, etc.) not including wine: \$ | | Yes | No |
| 3. Does the Applicant use the facilities of others to crush? | | Yes | No |
| If yes, what is the location? | | | |
| 4. Who bottles the Applicant's wine? | | | |
| 5. Does the Applicant bottle wine for others? | | Yes | No |
| If yes, what is the annual bottling revenue? \$ | | | |
| 6. Does the Applicant have any caves at their premises? | | Yes | No |
| If yes, how are they used? | | | |
| | | | |
| 7. Does the Applicant store wine, raw stock, juice products, etc. for others? | | Yes | No |
| If yes, please advise | | | |
| a. Total number of gallons: | | | |
| b. Maximum value of all wine stored: \$ | | | |
| c. Annual storage revenue: \$ | | | |
| 8. Is the Applicant responsible for insuring the wine of others? | | Yes | No |
| 9. Does the Applicant need wine leakage coverage over \$100,000? | | Yes | No |
| If yes: | | | |
| Limit per tank: \$ | Aggregate limit: \$ | Deductible: \$ | |
| 10. Does the Applicant store wine off premises? | | Yes | No |
| If yes, please provide the addresses where the wine is stored and the total value per location: | | | |
| | | | |
| 11. Does the Applicant generate solar power at any location? | | Yes | No |
| If yes, what is the total capacity of the system in kilowatts? | | | |
| 12. Please check all characteristics that apply. | | | |
| Burglar Alarm - local | Fire Alarm – central station | Power Outage Alarms
(if unattended) | |
| Burglar Alarm - central station | Fire Protected – building divisions | Fire Alarm - local | |
| High and Low temperature alarms (storage and in-process) | | | |
| 13. If the location is in a Public Protection Class 8 – 10, please check all that apply. | | | |
| Private water supply (tower, pond, reservoir, lake or well) – on site with Fire Department connection | | | |
| Nearby pond, reservoir, lake, or well on site without Fire Department connection | | | |
| On-site Fire Pump – Include a description of the system and the source of the water. | | | |

- Paid or Volunteer Fire Department Engine response with on-board water
- Multiple fire extinguishers – rechargeable and inspected annually by an independent fire protection contractor
- Multiple ingress/ egress access roads to the premises
- Brush control and fire break at least 100 feet around any structure. If less than 100 feet, what distance:

SECTION II - LIABILITY

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| <p>1. Does the Applicant offer wine tasting?
If yes, please provide details.</p> | Yes | No |
| <p>2. What are the receipts from events such as weddings, concerts, fundraisers, auctions, member lunches/ dinners, tours, special tastings, art shows, festivals, etc.? \$</p> <p>a. Have any events over the past 5 years had 250 or more attendees, or could any events in the future have 250 or more attendees?</p> <p>b. How many events per year?</p> <p>c. List events and describe:</p> | Yes | No |
| <p>3. Is there a restaurant/ deli on the premises?
If yes, please describe.</p> | Yes | No |
| <p>4. Does the Applicant offer catering?</p> <p>a. Is food prepared by Applicant or others</p> <p>b. If others, is the Applicant an additional insured?</p> | Yes | No |
| <p>5. Are any food products served other than wine?
If yes, provide details.</p> | Yes | No |
| <p>6. Does the Applicant allow people to come to their winery to make or bottle their own wine?
If yes, provide details.</p> | Yes | No |
| <p>7. Does the Applicant re-label or repackage any products they sell, including wine?
If yes, list products.</p> | Yes | No |
| <p>8. How many acres are owned?</p> <p>9. How many acres are leased?</p> | | |
| <p>10. Are there any owner occupied dwellings on the premises?</p> | Yes | No |
| <p>11. Are there any employee or tenant occupied dwellings on the premises?</p> | Yes | No |
| <p>12. Are any overnight or guest accommodations available?
If yes, please explain.</p> | Yes | No |
| <p>13. Any horse rides, balloon rides, etc.?
If yes, please explain.</p> | Yes | No |
| <p>14. Any tours given to the public?
If yes, please explain.</p> | Yes | No |

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|-----|---|-----|----|
| 15. | Does the Applicant use trams, tramways, hay wagons, etc.?
If yes, please explain. | Yes | No |
| 16. | Does the Applicant offer rides through their vineyards?
If yes, please explain. | Yes | No |
| 17. | Does the Applicant perform work for others?
a. What is the annual revenue for the following:
Vineyard management for others: \$
Wine making for others: \$ | Yes | No |
| | <div style="display: flex; justify-content: space-between;"> Custom crushing: \$ Storing wine for others: \$ </div> | | |

SECTION III - OTHER

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| 1. | Does the Applicant need Equipment Breakdown coverage quoted? | Yes | No |
| 2. | Describe the Applicant's quality control program and safety program. | | |
| 3. | Has the Applicant ever had a product recalled?
If yes, please explain. | Yes | No |
| 4. | Is testing conducted with records kept at each stage in the winemaking process? | Yes | No |

SECTION IV - LIQUOR LIABILITY

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|----|--|-----|----|
| 1. | Are all employees and volunteers TIPS, TAM or a similar alcohol awareness trained?
If no, what is the training procedure? | Yes | No |
| 2. | Has the Applicant's liquor license ever been revoked or suspended?
If yes, when and explain: | Yes | No |
| 3. | Have there ever been any citations by a liquor control board?
If yes, when and explain: | Yes | No |
| 4. | What controls are there to prevent over serving? | | |
| 5. | What are the procedures for handling an intoxicated patron: | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)