

VINEYARD & AGRICULTURE ERRORS & OMISSIONS INSURANCE

CLAIMS MADE & REPORTED POLICY

Professional liability insurance services®, inc. underwriting facility - since 1983

P: 800.761.7547 | **F:** 512.327.5834 | **E:** underwriting@plisinc.com | **W:** www.plisinc.com

	ame of Company Applicant:		Requested effective da	te of policy:
	his Company will be the name identified on the Declaration patities for which coverage is sought.	page as the Named Insured) I	NOTE: Complete the Additional Insure	ed Supplement for any additiona
. R	equested Limit of Liability: \$	Deductible: \$_		(minimum \$1000)
. С	ontact Person:	Title:	Website:	
. Те	elephone Number: Fax Nu	mber:	Email:	
	reet Address:			
. \sqsubset	I Sole Proprietor ☐ Corporation ☐ Partnership ☐ Join	nt Venture 🔲 Individual 🔲	Other	
. D	ate company was established:	Where is Company I	licensed or registered?	
	o you sell food and/or beverages at this location(s)?	· ·	-	
	YES, please provide revenue from beverage sales \$			
	verage number of years of experience of key personnel in th			
). In	the past five years has the name of the Company been cha	nged or has any other busines		
1 0	ross Income: Present Financial Year \$	(Est.) No.	vt Einanoial Voor ©	(Est.)
1. G	1 resent i mancial i ear \$	(LSt.) Ne.	λίτιπαποιαί τ ο αί ψ	(LSt.)
2. B	reakdown of Services: (Including Revenue)			
	SERVICES		REVENUE (for oth	ers for a fee)
	Vineyard Operator/Manager Winemaking Consultant (excluding blending)		\$	
	Wine Blender/Winemaker		\$	
	Vineyard Consultant		\$	
	Farm Management Consultant (Non Vineyard)		\$	
3. D	Other (Please describe:	in Question 12 above?	\$	YES □ NO □
lf	Other (Please describe: o you sell, promote or perform any service other than listed in the services, set forth those other services. escribe nature of your business (mode or method of operation)			
If 4. D —	you sell, promote or perform any service other than listed in the services	on, type of services performed	. where such operations are perforn	
If 4. D —	o you sell, promote or perform any service other than listed in YES, set forth those other services.	on, type of services performed	. where such operations are perforn	
If 4. D —	you sell, promote or perform any service other than listed in the services	on, type of services performed	. where such operations are perforn	
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If 4. D — a. b. c.	p you sell, promote or perform any service other than listed in the services. PES, set forth those other services. Pescribe nature of your business (mode or method of operation of the services) Please list addresses for all vineyards/farms managed (incomplete of the services) 1.	on, type of services performed clude of a separate sheet if nee 5. 6. 7. 8. Vineyard Owner's employ the applicator QAC certified? theticEdible coverage is in place?	where such operations are performeded):	YES □ NO □
lf 4. D a b c d.)	pyou sell, promote or perform any service other than listed in the secribe nature of your business (mode or method of operation of peration). Please list addresses for all vineyards/farms managed (incomplete incomplete	on, type of services performed slude of a separate sheet if need 5. 6. 7. 8. Vineyard Owner's employ the applicator QAC certified? Edible coverage is in place?	where such operations are performeded): yees Non-Edible	YES NO YES NO YES NO

Answer all questions. Explain if the question does not apply. If space is insufficient, please attach an additional explanation sheet. The Application must be signed

	Please advise how many cases are bottled annually?		
	Is bottling occurring on premises? If NO, where	YES 🗖	NO 🗖
	f.) Are you responsible for labeling?	YES 🗖	NO 🗆
	If YES, are you responsible for labeling content?		
	i) Do you have a policy or endorsed coverage for intellectual property coverage?	YES 🗆	NO 🗆
	ii) Do you have a policy or endorsed coverage for Product Recall coverage?	YES 🗖	NO 🗆
	iii) Do you have a policy or endorsed coverage for food borne illness business interruption?		
	g.) Do you store the product?		NO 🗖
15.	Do you manage any tours? (If YES , please complete questions 15a-15g)	YES 🗖	NO 🗖
	a) Provide details of the type of tours arranged and what percentage of your receipts are derived from such tours:		
	Group tours		
	Conventions/Business		
	StudentOther (Please describe.)		
	h) Do way anamata way awa tawa 2	VEC [NO 🗆
	b) Do you operate your own tours?	YES 🚨	NOU
	c) Does a third party supplier/vendor manage any tours?	YES 🗖	NO 🗆
	d) Do you have contracts or written agreements with your suppliers or vendors?	YES 🗖	NO 🗆
	e) Do you or your suppliers/vendors have insurance covering their negligence, acts, error or omissions with respect to their operation? If YES , are you:		
	- provided with evidence of coverage?		
	- included as an Additional Insured?		
	g) Do you carry General Liability and commercial auto coverage?		
16.	Do you host or oversee events? (If YES, please complete questions 16a-16d)	YES [□ NO □
	a) Types of events (Please describe):		
	Number of event dates planned for current year:		
	Number of event dates held last year:		
	Average attendance per event date:		
	Maximum daily attendance per event: Average length of event (number of days):		
	Average length of event (number of days): c) Do you carry special event coverage?	YES 🗖	NO 🗖
	d) Do you confirm special event coverage in force by third party?	YES 🗖	NO 🗖
17	a) Do you control, own, and/or manage any other business entity(ies)? If YES, provide details	VES 🗆	NO 🗆
17.	b) Do you provide any services to such business entity(ies)? If YES , provide details	YES	NO 🗖
18.	Does any employee of the Applicant serve on the Board of Directors of any client of the Applicant?	YES 🗖	NO 🗖
19.	Do you provide professional services for real property, including any vineyards, ranches, or farms in which you have a direct or indirect or If YES , provide details.		
20.		YES 🗖	NO 🗆
	a. Are there hold harmless or indemnity agreements ensuring to your benefit?	YES 🗖	NO 🗆
	b. Are there hold harmless or indemnity agreements ensuring to your client's benefit?		
	c. Are there guarantees or warranties? (Neither will not be covered under the SBE Miscellaneous E&O Policy) d. Is there a specific description of the services you will provide?		
•			
21.	Loss Control - What safeguards or procedures do you employ to avoid liabilities or losses?		
22.	Number of employees who are: Full Time: Part Time: Temporary: Leased:		
23.	Has the Applicant or any employees obtained any designations, accreditations, or certifications? If YES, please list:	YES 🗆	NO 🗆

CLAIMS HISTORY/EXPERIENCE:

(For questions 24-26 answered YES, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.)

To avoid loss of coverage, it is imperative that all known facts, situations, acts, errors or omissions which could result in a professional liability claim against the Applicant, or any of its predecessor companies, be reported to your current insurer within the time period specified in your current policy.

As used in the questions below, the term "claim" shall mean a demand received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant. 24. Have any claims or suits been made during the past five years against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against Is the Applicant aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the Applicant or any of its predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, salespersons, or employees? It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Application, any lawsuit or Claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Application. 26. Has the Applicant or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities?YES 🗖 NO 🗖 27. Please provide the following information for similar insurance, if any, carried during the last five years. If none carried, state so, Include any coverage which may be directly related or may respond in part to the exposure. **Policy Period Renewal Date** Retroactive Date Carrier Limit **Deductible** Premium *If retroactive date limitation included please advise date_ (Please provide copy of expiring Declarations page) 28. Has any application for insurance similar to the insurance sought by this application been made by or on behalf of the Applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been canceled or renewal a. Please provide the following information for your general liability coverage (CGL) currently in force and for the immediate past 3 years Policy Period Renewal Date Carrier Limit Deductible Premium d. Is coverage claims-made ☐ or occurrence ☐ If claims-made, please advise retroactive date *General Liability Coverage including products and completed operations must be maintained during the duration of this Policy. (Refer to General Liability Warranty Endorsement) **CHECKLIST:** (Please provide copies of a through c below and answer questions d through h below) a) Copies of standard contract with clients? b) Copies of resumes of key personnel including any applicable continuing education and/or training completed?.....YES 🗖 NO 🗖

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Please be advised there is no coverage for any failure of crop yield as provided by exclusions in the policy and endorsement(s)

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of the Insurer in its rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by the Insurer, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant

Any representations made in the application process for any Policy that may be issued by the Insurer, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurer of such change prior to inception of the Policy. ________(Initials)

Applicant further understands and agrees that no person or entity other than the Insurer has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Insurer from asserting any right under the terms of the Policy.

This Application, any additional supplemental applications, any attachments and supplied information is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits coverage to Claims first made against an Applicant during the Policy Period and reported to the Insurer within the required time period. Coverage, if mutually accepted by the Insurer and the Applicant, will not apply to any known facts, situations, acts, error or omissions that occurred before inception of the Policy Period. The Applicant agrees that in the event of covered Claims, the Applicant will be required to be defended by the Insurer's appointed attorneys and that the deductible under the Policy shall apply to Claims including but not limited to Defense Costs. If, however, the Applicant elects to handle a Claim without in any way involving the Insurer, then no coverage for such Claim is afforded to the Applicant under the Policy.

By signing this Application, and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Small Business Essentials – Miscellaneous Errors & Omissions wording and any applicable endorsements. The Insurer expects that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

Risk Management: The proposed insurance Policy is for Applicants that maintain loss control procedures represented on the original application for insurance. Should a Policy be issued, the Applicant agrees to maintain these loss control procedures throughout the policy period.

In addition to all other terms and conditions: <u>Applicable in Kentucky</u>. Any person who knowingly and with intent to defraud any insurance company or other person 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.

Date	Signed by Partner, Officer, or Director	Title	
	Printed name of Partner, Officer or Director		

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MISCELLANEOUS ERRORS & OMISSIONS INSURANCE

CLAIM / INCIDENT SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC. UNDERWRITING FACILITY - SINCE 1983

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D/	ATE OF CLAIM	DATE OF REPORT	AMOUNS PAID	TOTAL PAID / RES.	OPEN / CLOSED	CLAIM / INCIDENT	
Insuran	ce Carrier:		Д	uttornev involved:			
				·		YES 🗖 NO 🗆	
-				mand: (\$ + other)			
				V- /			
ılysis:							
		·				YES • NO	
	-					YES 🗖 NO	
				ract fulfilled?		YES • NO	
Please	provide description	of claim / complaint:					
	Please attach any documentation related to this claim, including any demand letter, lawsuit, written complaint from customer, etc.						
Please a	attach any documer	ntation related to this claim, inc	luding any demand letter,	lawsuit, written complaint from	customer, etc.		
The und	qualified word " Cla i		icy and this form shall m	·		rvices, including the service of s	
The und institution	qualified word " Cla on of arbitration prod	m" wherever used in the Poseedings or subpoena against	icy and this form shall m the Insured .	ean a demand received by th	e Insured for money or ser	rvices, including the service of s	
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SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE ADDITIONAL INSURED(S) SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC. UNDERWRITING FACILITY - SINCE 1983

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If any Additional Insured is requested to be covered by this Policy, this Supplemental Questionnaire must be completed for each proposed Additional Insured. Name of Applicant applying for coverage_ 1 Name of requested Additional Insured(s) (include dba if applicable):____ 2. 3. Relationship to Applicant: Reason to be added (Include copy of contract if applicable):_ 4. 5. If YES, please provide the projected additional Revenues: \$_____(Est.) Insurance Agents/Brokers, please list your COMMISSIONS. a. If NO, please list the differences here: 7. List the date the Additional Insured was acquired or formed: 8 If NO, please provide details: a. Address of new location(s):_ b. Does each additional location follow the same loss control policies and procedures as the Company as stated in question 1 above?YES 🗖 NO 🗖 If NO, please provide details regarding the different loss controls: **CLAIMS HISTORY/EXPERIENCE:** (For questions 11-13 answered yes, please complete the SBE E&O Claim Supplement for each claim, fact, situation, act, error or omission.) 11. Have any claims or suits been made during the past five years against the proposed Additional Insured or any of its predecessors in business, subsidiaries or If YES, how many? _____ Please complete the Claim Supplement for each 12. Is the proposed Additional Insured aware of any facts, situations, alleged acts, errors or omissions, or of any offenses which may reasonably be expected to result in a claim being made against the proposed Additional Insured or any of its predecessors in business, subsidiaries or affiliates or against any of the If YES, how many? _____ Please complete the Claim Supplement for each. 13. Has the proposed Additional Insured or any of its predecessors in business or subsidiaries or affiliates or any of the past or present partners, owners, officers, salespersons or employees been investigated and/or cited by any administrative or regulatory agency for violations arising out of their activities? YES 📮 NO 📮 If YES, how many? _____ Please complete the Claim Supplement for each It is agreed that if any Owner, Principal, Partner, Officer or Director has knowledge, or if it is reasonable that the person have knowledge, of any such claim(s), potential claim(s), alleged acts, errors or omissions requested in the Claims History/Experience section of this Supplemental Questionnaire, any lawsuit or Claim subsequently made arising from such claim(s), potential claim(s), alleged acts, errors or omissions is not covered under the insurance being applied for by this Supplemental Questionnaire. NOTICE Please be aware that newly formed or acquired organization(s) are not covered for any claim that results from any event that happened or first commenced before the Applicant acquired or formed it; nor for any claim covered under any other insurance. Also, once the information requested on this Supplement Questionnaire has been received and reviewed by the Insurer, terms may change and/or additional subjectivities may be required to secure coverage for that newly formed or acquired organizations. The Applicant, represents on behalf of each and every proposed insured under the Policy, to the best of its knowledge and belief that the statements set forth are true and include all material information and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgement of the Insurer in its rating and/or acceptance of this risk. In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person 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. Signed by Partner, Officer, or Director Title Printed name of Partner, Officer or Director