



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

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 and dated by a partner, officer or director of the Applicant.

1. Name of Company Applicant: Requested effective date of policy:

(This Company will be the name identified on the Declaration page as the Named Insured) NOTE: Complete the Additional Insured Supplement for any additional entities for which coverage is sought.

2. Requested Limit of Liability: \$ Deductible: \$ (minimum \$1000)

3. Contact Person: Title: Website:

4. Telephone Number: Fax Number: Email:

5. Street Address: City: State: Zip Code:

6. Sole Proprietor Corporation Partnership Joint Venture Individual Other

7. Date company was established: Where is Company licensed or registered?

8. Do you sell food and/or beverages at this location(s)? YES NO

If YES, please provide revenue from beverage sales \$ and food sales \$

9. Average number of years of experience of key personnel in this field:

10. In the past five years has the name of the Company been changed or has any other business been purchased, or has any merger or consolidation taken place?

If YES, provide details. YES NO

11. Gross Income: Present Financial Year \$ (Est.) Next Financial Year \$ (Est.)

12. Breakdown of Services: (Including Revenue)

Table with 2 columns: SERVICES, REVENUE (for others for a fee). Rows include Vineyard Operator/Manager, Winemaking Consultant, Wine Blender/Winemaker, Vineyard Consultant, Farm Management Consultant, and Other.

13. Do you sell, promote or perform any service other than listed in Question 12 above? YES NO

If YES, set forth those other services.

14. Describe nature of your business (mode or method of operation, type of services performed. where such operations are performed, etc.)

a.) Please list addresses for all vineyards/farms managed (include of a separate sheet if needed):

Table with 2 columns for listing addresses 1 through 8.

b.) Total acreage managed, if applicable

c.) Whose employees perform the work? My employees Vineyard Owner's employees

d.) Do you perform any of the following application services?

Pesticide Herbicide Fungicide Is the applicator QAC certified? YES NO

What type of pesticides are utilized: Organic Synthetic Edible Non-Edible

When and how often is application applied?

Are records kept regarding such application(s)?

If a third party vendor is secured, do you confirm insurance coverage is in place? YES NO

Is applicator QAC Certified? YES NO

e.) Do you bottle the wine? YES NO

If NO, who bottles the wine?

Please advise how many cases are bottled annually? \_\_\_\_\_  
 Is bottling occurring on premises?..... YES  NO   
 If **NO**, where \_\_\_\_\_

- f.) Are you responsible for labeling? ..... YES  NO   
 If **YES**, are you responsible for labeling content? ..... YES  NO   
 \* If response to e) and f) above is **YES** then please answer the following questions:  
 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? .....YES  NO

g.) Do you store the product? .....YES  NO   
 If **YES**, at what stage of product and duration: \_\_\_\_\_

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:

	% Percentage
Group tours _____	_____
Conventions/Business _____	_____
Student _____	_____
Other (Please describe.) _____	_____

b) Do you operate your own tours? .....YES  NO   
 If **YES**, please provide details of the type of tours operated and what percentage of receipts is derived from such tours.  
 \_\_\_\_\_

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?.....YES  NO   
 If **YES**, are you:

- provided with evidence of coverage? .....YES  NO
- included as an Additional Insured? .....YES  NO

f) Do you confirm suppliers or vendors have General Liability and commercial auto coverage in force? ..... YES  NO

g) Do you carry General Liability and commercial auto coverage? ..... YES  NO

16. Do you host or oversee events? (If **YES**, please complete questions 16a-16d) .....YES  NO

a) Types of events (Please describe): \_\_\_\_\_

b) Event information:

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): \_\_\_\_\_

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*.....YES  NO

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 ownership interest?  
 If **YES**, provide details. ....YES  NO

20. Do you require a written contract or agreement for services with your clients? (If **YES**, answer 20a-20d) .....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? .....YES  NO

c. Are there guarantees or warranties? (Neither will not be covered under the SBE Miscellaneous E&O Policy) .....YES  NO

d. Is there a specific description of the services you will provide? .....YES  NO

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? .....YES  NO   
 If **YES**, please list: \_\_\_\_\_







MISCELLANEOUS ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

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

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APPLICANT: \_\_\_\_\_

Table with 6 columns: DATE OF CLAIM, DATE OF REPORT, AMOUNTS PAID, TOTAL PAID / RES., OPEN / CLOSED, CLAIM / INCIDENT

Insurance Carrier: \_\_\_\_\_ Attorney involved: \_\_\_\_\_

Attorney designated by carrier? ..... YES  NO

Claimant: \_\_\_\_\_ Claimant's Demand: (\$ + other) \_\_\_\_\_ (please estimate if unknown)

Analysis:

1. Was there a contractual relationship? ..... YES  NO

2. Was there an alleged breach of that contract? ..... YES  NO

If YES, please attach a copy of the signed and dated contract If NO, was the contract fulfilled?..... YES  NO

What is the current status of the claim? \_\_\_\_\_

3. Please provide description of claim / complaint: \_\_\_\_\_

Blank lines for description of claim / complaint

Please attach any documentation related to this claim, including any demand letter, lawsuit, written complaint from customer, etc.

The unqualified word "Claim" wherever used in the Policy and this form shall mean a demand received by the Insured for money or services, including the service of suit or institution of arbitration proceedings or subpoena against the Insured.

4. Has there been a procedure implemented to avoid a similar claim? ..... YES  NO

If YES, describe procedure: \_\_\_\_\_

5. Please provide details regarding any known facts, situations, alleged acts or errors or omissions that could give rise to a claim:

Blank lines for details regarding any known facts, situations, alleged acts or errors or omissions

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former customer has expressed dissatisfaction with the professional services rendered, by:

- i) Making frequent or formal complaints to an employee of the applicant regarding quality of goods or service;
ii) Threatening to hire an attorney or submission of a demand letter;
iii) Asking for a full refund; remedies other than those that are contractually provided.

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.

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.

Date Signed by Partner, Officer, or Director Title

Printed name of Partner, Officer or Director



SBE MISCELLANEOUS ERRORS & OMISSIONS INSURANCE
ADDITIONAL INSURED(S) SUPPLEMENT

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
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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.

- 1. Name of Applicant applying for coverage
2. Name of requested Additional Insured(s) (include dba if applicable)
3. Relationship to Applicant
4. Reason to be added (Include copy of contract if applicable)
5. Will the gross revenues / projected gross revenues change based on the addition of any Additional Insured(s)?
6. Are the services rendered by the Additional Insured the same as the Applicant Company?
7. Does the Company as stated on question 1 above, hold the majority ownership interest in the Additional Insured?
8. List the date the Additional Insured was acquired or formed:
9. Does the responsibility for each Additional Insured(s) above rest with management at the Applicant Company?
10. Will there be any new locations added? If YES, how many? (Also complete a. & b. below)
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?

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 affiliates or against any of the past or present partners, owners, officers, salespersons or employees?
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 or present partners, owners, officers, salespersons, or employees?
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?

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.

Initial

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.

Date

Signed by Partner, Officer, or Director

Title

Printed name of Partner, Officer or Director