



®

UNDERWRITING
FACILITIES

Insurance Application Vineyard & Farm Errors & Omissions

Defending Individuals & Entities
From Negligence Claims



FOLLOW US ON LINKEDIN

PROFESSIONAL LIABILITY INSURANCE SERVICES, INC. (PLIS®, INC.)



800-761-7547



WWW.PLISINC.COM



UNDERWRITING@PLISINC.COM



FARM MANAGER, OPERATOR & CONSULTANT ERRORS & OMISSIONS INSURANCE

NON-OWNED FARMS - CLAIMS MADE AND 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)

| SERVICES | REVENUE (for others for a fee) |
|---|--------------------------------|
| Farm Manager/Operator - only services farms or ranches but not nurseries, timber tracts or greenhouses | \$ |
| Farm Management Consultant - consulting services only | \$ |
| Livestock, Dairy, or Poultry Farm Manager - feed and care for livestock, dairy or poultry. | \$ |
| Horticultural Specialty Farm Manager - oversee the production of fruits, vegetables, flowers and plants used for landscaping. | \$ |
| Aquaculture Farm Manager - raise fish and shellfish in ponds, floating net pens, raceways, and recirculating systems. | \$ |
| Agricultural Manager - services farms, ranches, nurseries, timber tracts, greenhouses and other agricultural establishments. | \$ |
| Other - Please describe: _____ | \$ |

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 farms managed (include of a separate sheet if needed):

| | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

b.) Type of product/crop produced: _____

c.) Total acreage managed, if applicable _____

d.) Whose employees perform the work? ☐ My employees ☐ Farm Owner's employees

e.) 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 ☐

15. 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 ☐

16. Does any employee of the Applicant serve on the Board of Directors of any client of the Applicant?..... YES ☐ NO ☐
17. 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 ☐
18. Do you require a written contract or agreement for services with your clients? (If yes, answer 18a-18d)..... 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 ☐
19. Loss Control - What safeguards or procedures do you employ to avoid liabilities or losses? _____
20. Number of employees who are: Full Time: _____ Part Time: _____ Temporary: _____ Leased: _____
21. Has the Applicant or any employees obtained any designations, accreditations, or certifications?YES ☐ NO ☐
If **YES**, please list: _____

CLAIMS HISTORY/EXPERIENCE: (For questions 22-24 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.

22. 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 any of the past or present partners, owners, officers, salespersons, or employees?YES ☐ NO ☐
23. 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?YES ☐ NO ☐

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.

▲ Initials ▲

24. 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 ☐
25. 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)

26. 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 refused? If yes, provide detailsYES ☐ NO ☐
27. 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 |
|---------------|--------------|---------|-------|------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

- b. Does it include coverage for products and completed operations hazards? YES ☐ NO ☐
- c. Does it include coverage for Pollution/Chemical Drift Coverage? YES ☐ NO ☐
- 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)**

28. Do you have workers compensation coverage currently in force?..... YES ☐ NO ☐
29. Do you have liquor liability or host liquor liability coverage in force?..... YES ☐ NO ☐

CHECKLIST: (Please provide copies of a through c below and answer questions d through h below)

- a) Copies of standard contract with clients? YES ☐ NO ☐
- b) Copies of resumes of key personnel including any applicable continuing education and/or training completed?..... YES ☐ NO ☐
- c) Any marketing materials providing information about the services you perform? YES ☐ NO ☐
- d) Do you require clients to provide confirmation of Crop Insurance Coverage?..... YES ☐ NO ☐
- Please be advised there is no coverage for any failure of crop yield as provided by exclusions in the policy and endorsement(s).**
- e) Do you require clients to provide confirmation of General Liability Coverage?..... YES ☐ NO ☐
- f) Do you require clients to provide confirmation of Pollution Coverage? YES ☐ NO ☐
- g) Do you require clients to provide confirmation of Product Recall Coverage? YES ☐ NO ☐
- h) Any additional details..... YES ☐ NO ☐ N/A ☐

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: 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

Applicant's authorized signature of a Partner, Officer or Director

Title

Printed Name of Partner, Officer or Director



MISCELLANEOUS ERRORS & OMISSIONS INSURANCE CLAIM / INCIDENT SUPPLEMENT

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

APPLICANT: _____

| DATE OF CLAIM | DATE OF REPORT | AMOUNT 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: _____

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:

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.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

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)? YES ☐ NO ☐
If YES, please provide the projected additional Revenues: \$_____ (Est.) Insurance Agents/Brokers, please list your COMMISSIONS.
6. Are the services rendered by the Additional Insured the same as the Applicant Company?YES ☐ NO ☐
a. If NO, please list the differences here: _____
b. If the Additional Insured is an Insurance entity, you must attach a breakdown of all lines placed ATTACHED ☐ N/A ☐
7. Does the Company as stated on question 1 above, hold the majority ownership interest in the Additional Insured?..... YES ☐ NO ☐
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?YES ☐ NO ☐
If NO, please provide details: _____
10. Will there be any new locations added? If YES, how many? _____ (Also complete a. & b. below)..... YES ☐ NO ☐
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 affiliates or against any of the past or present partners, owners, officers, salespersons or employees?YES ☐ NO ☐
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 or present partners, owners, officers, salespersons, or employees?.....YES ☐ NO ☐
If YES, how many? _____ Please complete the Claim Supplement for each.
If YES, have you reported such fact(s), situation(s), alleged acts(s), errors or omissions, lawsuit(s) or claim(s) to your current or prior carrier?....YES ☐ NO ☐
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.

▲ Initials▲

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

Applicant's authorized signature of a Partner, Officer or Director

Title

Printed Name of Partner, Officer or Director