

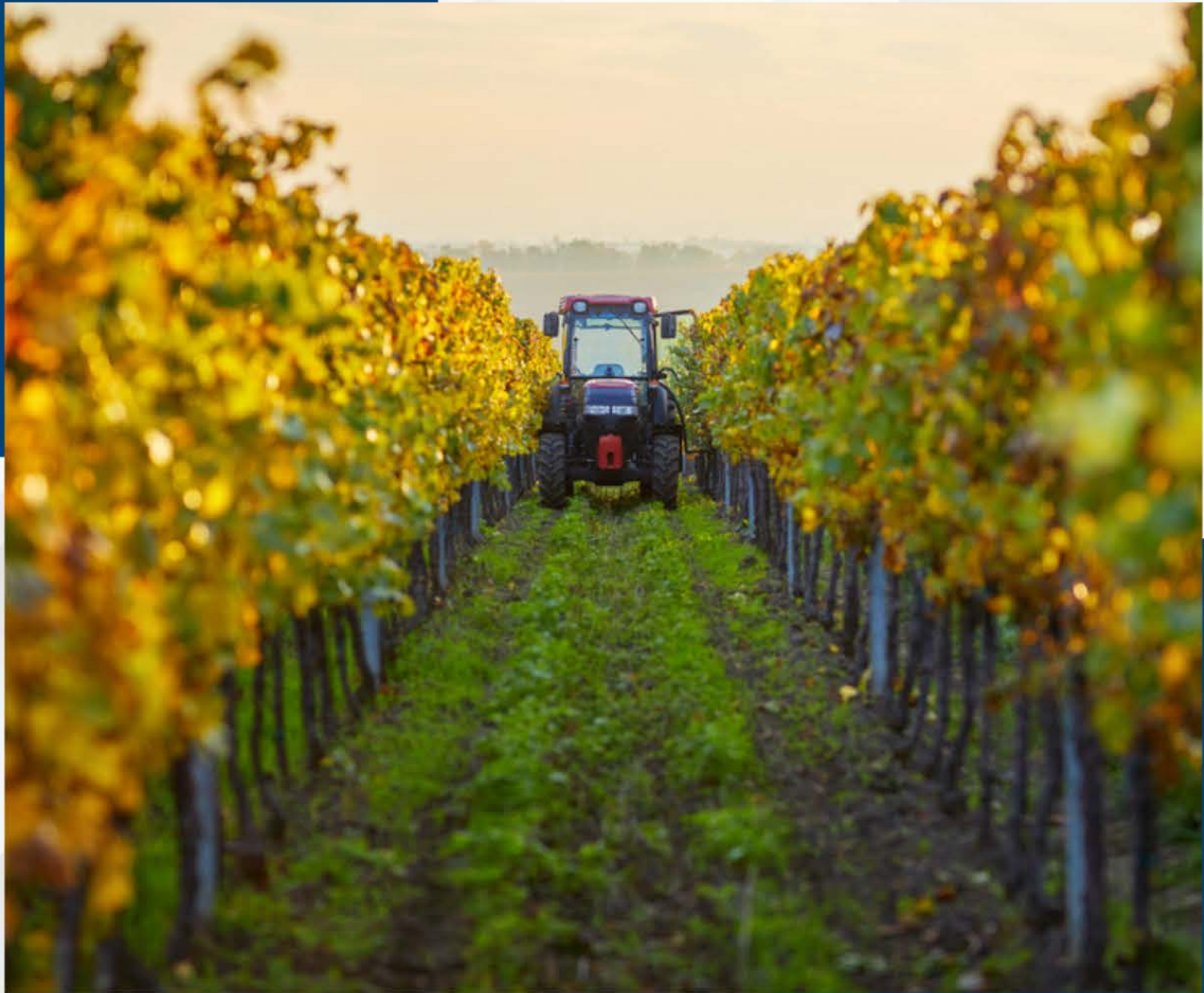


®

UNDERWRITING  
FACILITIES

# Insurance Application Vineyard / Farm / Agriculture Errors & Omissions

Defending Individuals & Entities  
From Negligence Claims



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



800-761-7547



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# 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: \_\_\_\_\_  
(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. Mailing 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 (Est.): Prior Financial Year: \_\_\_\_\_ Present Financial Year: \_\_\_\_\_ Next Financial Year: \_\_\_\_\_

12. Breakdown of Services: (Including Revenue)

SERVICES	REVENUE (for others for a fee)
Vineyard Operator/Manager	
Winemaking Consultant (excluding blending)	
Wine Blender/Winemaker	
Vineyard Consultant	
Farm Management Consultant (Non Vineyard)	
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. What percentage of the Gross Annual Revenues are applied to Cost of Goods Sold? \_\_\_\_\_

15. Do you require written review and approval by clients for purchases/orders made on the client's behalf? ..... YES  NO   
If YES, is there a minimum/maximum dollar amount? ..... YES  NO   
If YES, please state the amount(s) Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

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

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

1.	5.
2.	6.
3.	7.
4.	8.

b.) Total acreage managed, if applicable: \_\_\_\_\_

c.) Provide the utility entity/municipality provider that you communicate/contract with on behalf of the client: (if it's Not Applicable then please state N/A)  
\_\_\_\_\_

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

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

Pesticide  Herbicide  Fungicide  Is the applicator OAC or QAL 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 this third party applicator QAC or QAL Certified: ..... YES  NO

18. a.) 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 \_\_\_\_\_

b.) Are you responsible for labeling? ..... YES  NO

If **YES**, are you responsible for labeling content? ..... YES  NO

\* If response to a) and b) 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

c.) Do you store the product? ..... YES  NO

If **YES**, at what stage of product and duration \_\_\_\_\_

d.) List the five largest clients and the projected value of the completed product being produced.

CLIENTS	REVENUE
1.	
2.	
3.	
4.	
5.	

19. Do you manage any tours? (If **YES**, please complete questions 19a-19g) ..... YES  NO

a) Provide details of the type of tours arranged and what percentage of your receipts are derived from such tours:

Type of Tour	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

20. Do you host or oversee events? (If **YES**, please complete questions 20a-20d)? ..... 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
21. 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
22. Does any employee of the Applicant serve on the Board of Directors of any client of the Applicant? ..... YES  NO
23. 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
24. Do you require a written contract or agreement for services with your clients? (*If YES, answer 24a-24d*) ..... 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
25. Loss Control - What safeguards or procedures do you employ to avoid liabilities or losses? \_\_\_\_\_
- 
26. Number of employees who are: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Leased: \_\_\_\_\_
27. Has the Applicant or any employees obtained any designations, accreditations, or certifications? ..... YES  NO   
If **YES**, please list: \_\_\_\_\_

**CLAIMS HISTORY/EXPERIENCE:**

*(For questions 28-30 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.**

28. 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
29. 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▲

30. 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
31. 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)

32. 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 details?* ..... YES  NO
33. 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	Retroactive 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)***

- 34. Do you have workers compensation coverage currently in force? ..... YES  NO
- 35. 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? ..... N/A  YES  NO

**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: \_\_\_\_\_

Table with 6 columns: 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: \_\_\_\_\_

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.
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.

- 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)

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.

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.

Signature lines for Date, Applicant's authorized signature of a Partner, Officer or Director, Title, and Printed Name of Partner, Officer or Director.