****

WINERYPLUS

SUPPLEMENTAL

APPLICATION



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**SECTION A: APPLICANT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A1** | **DATE OF APPLICATION** |  | | | | |
| **A2** | **RENEWAL DATE** |  | | **QUOTE DUE DATE** | |  |
| A3 | NAMED INSURED(S) |  | | | | |
|  | DBA(S) |  | | | | |
|  | If more than one Named Insured exists, please list and explain relationship below: | | | | | |
|  |  | | | | | |
| A4 | CONTACT NAME |  | | | PHONE |  |
| A5 | STREET ADDRESS |  | | | | |
| A6 | CORP. STRUCTURE | Individual | Partnership | Corporation | | Other |
| A7 | WEBSITE |  | | | | |

SECTION B: REVENUE BREAKDOWN

|  |  |  |
| --- | --- | --- |
| **WINE PRODUCTS** | | |
| **CASED WINE (WINE THAT IS OR IS TO BE BOTTLED)** | | |
| **B1** | ***Sales Volume*** – Total number of cased/bottled wine to be sold over next 12 months: | cases |
|  | ***Revenue*** – Total sales of cased/bottled wine over next 12 months: | $ |
|  | ***Average*** – Approximate revenue per case (average for all varietals): | $ |
| **BULK WINE (WINE TO BE SOLD AS BULK WINE VERSUS CASED WINE)** | | |
| **B2** | ***Sales Volume*** – Total number of bulk wine gallons to be sold over the next 12 months: | gallons |
|  | ***Revenue*** – Total sales of bulk wine over next 12 months (to be sold as bulk wine versus cased wine): | $ |
|  | ***Average*** – Approximate revenue per gallon for wine sold as bulk wine (average for all varietals): | $ |
| **BRANDY OR PORT / SPARKLING WINE** | | |
| **B3** | ***Sales Volume*** – Total sales of brandy or port over next 12 months: | $ |
|  | ***Sales Volume*** – Total sales of sparkling wine over next 12 months: | $ |
| **ALL OTHER:** | | |
| **B4** | Do you have foreign sales? | Yes  No |
|  | *If yes,* total foreign sales: (excluding Canada) | $ |
|  | *If yes,* countries sold to: | |
| **B5** | Do you have sales from “other than wine products”? | Yes  No |
|  | *If yes,* do you produce these products? | Yes  No |
|  | *If yes,* please advise annual receipts from these products: | $ |
|  | *If yes,* please describe these products: | |
|  | *If yes,* where do you sell these products? | |

|  |  |  |
| --- | --- | --- |
| **ALL OTHER CONTINUED:** | | |
| **B6** | Do you have a restaurant or deli exposure? | Yes  No |
|  | *If yes,* please advise annual receipts: | $ |
|  | *If yes,* please provide details: | |
|  | *If yes,* please provide a completed Restaurant Supplemental. | |
| **B7** | Do you provide any lodging for the public? | Yes  No |
|  | *If yes,* please advise annual receipts: | $ |
|  | *If yes,* please provide details: | |

SECTION C: WINE STOCK INVENTORY (PLEASE USE WINE STOCK CURRENTLY “ON HAND” WHEN COMPLETING)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR WINE MADE** | | **# OF CASES**  (cased wine only) | **# OF GALLONS**  (bulk wine to be bottled) | **# OF GALLONS**  (bulk wine to be sold as bulk) |
| **C1** | **Wine made 3 Years ago or more** | cases | gallons | N/A |
| **C2** | **2016** (wine made 2 Years ago) | cases | gallons | N/A |
| **C3** | **2017** (wine made 1 Year ago) | cases | gallons | gallons |
| **C4** | **2018** (wine made Current Year) | cases | gallons | gallons |
| **C5** | **2019** (anticipated Year Harvest) | N/A | gallons | gallons |
| **C6** | **Library Wines** | cases | N/A | N/A |

SECTION D: GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| **D1** | Do you currently have insurance for your winery? | Yes  No |
|  | *If yes*, have you had any losses in the past five (5) years?  We will need five (5) years of currently valued loss runs if you are not an existing client. | Yes  No |
| **D2** | Number of years in business: | years |
| **D3** | Who is your winemaker? |  |
| **D4** | Winemaker’s years of experience: | years |
| **D5** | Total number of employees: | employees |
| **D6** | Do you have any operations insured elsewhere? | Yes  No |
|  | *If yes,* please explain: | |
| **D7** | Do you have business exposures besides winemaking and distribution? | Yes  No |
|  | *If yes,* please explain: | |
| **D8** | Do you perform custom crush, winemaking, or wine consulting services? | Yes  No |
|  | *If yes*, please advise number of clients: | clients |
|  | *If yes*, please advise annual revenue: | $ |
|  | *If yes,* please explain and provide a copy of your contract: | |
| **D9** | Do you host or sponsor Special Events**\*** on your Premises? | Yes  No |
|  | *If yes,* please provide number of events:  Please provide description in **SECTION G – SUPPLEMENTAL INFORMATION.**  *(****\*****Silver Pass Weekend or Trade Shows are not considered Special Events)* | events |

|  |  |  |
| --- | --- | --- |
| **D10** | Do you rent out your facility to third parties for their events? | Yes  No |
|  | *If yes,* please provide number of events:  *If yes*, please submit contract & describe in **SECTION G – SUPPLEMENTAL INFORMATION.** | events |
| **D11** | Do you use independent and/or labor contractors? | Yes  No |
|  | *If yes,* please describe: | |
| **D12** | Please list percentage of wine sold through the following mediums**:** Wholesalers | % |
|  | Retail/Direct to Consumer | % |
| **D13** | Do you participate in off-site venues such as wine festivals and / or tastings? | Yes  No |
|  | *If yes,* total number attended annually: |  |
| **D14** | Do you provide transportation for visitors to or on your Property? | Yes  No |
|  | *If yes,* please provide details: | |
| **D15** | Do you bottle your own wine? | Yes  No |
|  | *If yes*, please describe bottling line and equipment: | |
| **D16** | Do you bottle wine for others? | Yes  No |
|  | *If yes,* how many cases are bottled for others? | cases |
| **D17** | Do you operate or lease a winery or tasting room? | Yes  No |
| **D18** | Is your staff trained and/or certified in serving Alcohol? | Yes  No |
| **D19** | Do you offer Tours? | Yes  No |
| **D20** | How many visitors do you have on an Annual basis? | visitors |
| **D21** | Do you own or lease any vineyard property? | Yes  No |
|  | *If yes,* please provide total number of acres: | acres |
|  | *If yes,* please provide number of planted acres: | acres |
| **D22** | Do you own any permanently installed equipment at your vineyards?  *If yes,* please include total amount under **Permanently Fixed Agricultural Equipment on** the Statement of Values. | Yes  No |

**SECTION E: LIABILITY COVERAGE OPTIONS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COVERAGE OPTION** | | **YES / NO** | **CURRENT LIMIT** | **RENEWAL LIMIT** | | |
| **E1** | Product Withdrawal Expense | Yes  No | $ | $50,000 | $100,000 | $250,000 |
| **E2** | Wind Drift or Overspray | Yes  No | $ | $1M | | |
| **E3** | Hired & Non-Owned Automobile Liability | Yes  No | $ | $1M | | |
| **E4** | Employee Benefits Liability | Yes  No | $ | $1M | | |
| **E5** | Employment Practices Liability  (EPL Supplemental Application Required) | Yes  No | $ | $1M | | |
| **E6** | Professional Liability Errors & Omissions  (PL Supplemental Application Required) | Yes  No | $ | $1M | | |
| **E7** | Excess Liability  (ACORD Application Required) | Yes  No | $ | $      M | Not to Exceed $10M | |

**SECTION F: PROPERTY**

|  |  |  |
| --- | --- | --- |
| **WINE LEAKAGE:** | |  |
| **F1** | What is your maximum leakage exposure from one tank/vessel at one time? | gallons |
| **F2** | What is your maximum value per gallon from tank/vessel leakage? | $      per gallon |
| **F3** | Wine Leakage Sublimit desired: | $ |
| **PROPERTY IN TRANSIT:** | | |
| **F4** | What is your largest shipment of Bulk Wine (Not by Mail Service)? | gallons |
| **F5** | What is the distance of this shipment? | miles |
| **F6** | What is your largest shipment of Cased Wine (Not by Mail Service)? | cases |
| **F7** | What is the distance of this shipment? | miles |
| **F8** | What is the average number of shipments per year? | shipments |
| **F9** | Property in Transit Sublimit Desired: | $ |
| **MISCELLANEOUS:** | | |
| **F10** | Mobile Equipment Blanket limit: | $ |
| **F11** | Are you interested in earthquake sprinkler leakage coverage? | Yes  No |
| **F12** | Do you permanently store property (including stock) at premises  not described on this Application? | Yes  No |
| **F13** | Do you own Barrels? | Yes  No |
|  | *If yes,* Number of Barrels: | Barrels |
|  | *If yes,* Value of New Barrels: please include total amount under Wine Equipment  including Barrels in the Statement of Values: | $ |
|  | *If yes*, Percentage of *French* Barrels: | % |
|  | *If yes*, Percentage of *America*n Barrels: | % |
| **F14** | Do you have plans for any construction at your described premises? | Yes  No |
|  | *If yes,* please explain: | |
| **F15** | Do you own any ATV(s)? | Yes  No |
|  | *If yes*, do you want Physical Damage Coverage? | Yes  No |
|  | *If yes,* # ATV(s): |  |
|  | *If yes,* are ATV(s) taken off premises? | Yes  No |
|  | *If yes,* total replacement cost value for ATV(s):  please include total amount under Mobile Equipment Blanket limit. | $ |
|  | *If yes,* please describe ATV use: | |
| **F16** | Do you own any Caves? | Yes  No |
|  | *If yes,* please advise Value: (*excluding costs of excavation)* | $ |
| **STOCK OF OTHERS:** | | |
| **F17** | Do you store wine for others? | Yes  No |
|  | *If yes,* are you responsible for insuring the wine of others? | Yes  No |
|  | *If yes,* please advise the maximum value of wine you are responsible for insuring: | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STOCK AT UNNAMED LOCATIONS:** | | | | | | |
| **COVERAGE** | | **ALLIED WORLD**  **AUTOMATIC SUBLIMIT** | | **OPTIONAL SUBLIMIT INCREASE** | | |
| **F18** | Stock at Unnamed Locations | $250,000 | | $500,000 | $1,000,000 | $2,000,000 |
| **CRIME (WITH OPTIONAL SUBLIMIT INCREASES):** | | | | | | |
| **COVERAGE** | | **ALLIED WORLD**  **AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** | | | |
| **F19** | Employee Dishonesty | $50,000 | $100,000 | | $250,000 | $500,000 |
| **F20** | Money & Securities – On Premises | $25,000 | $50,000 | | $100,000 |  |
| **F21** | Money & Securities – Off Premises | $10,000 | $25,000 | | $50,000 | $100,000 |
| **PROPERTY SUBLIMITS (WITH OPTIONAL SUBLIMIT INCREASES):** | | | | | | |
| **COVERAGE** | | **ALLIED WORLD**  **AUTOMATIC SUBLIMIT** | **OPTIONAL SUBLIMIT INCREASE** | | | |
| **F22** | Accidental Blending of Wine – Human Errors | $0 | $25,000 | | $50,000 | $100,000 |
| **F23** | Pollutants Clean Up and Removal | $50,000 | $100,000 | |  |  |
| **F24** | Accounts Receivable | $250,000 | $500,000 | | $1,000,000 |  |
| **F25** | Valuable Papers & Records | $250,000 | $500,000 | |  |  |
| **F26** | Business Income, Extended Business Income,  & Extra Expense Timeline | 12 Months –  Actual Loss Sustained | 24 Months – Actual Loss Sustained | | | |
| **F27** | Personal Effects and Property of Others  (other than Stock) | $25,000 | $50,000 | | $100,000 |  |
| **F28** | Fine Arts (maximum $1,000 per item) | $25,000 | $ | |  |  |
| **F29** | Backup or Overflow of Water from Sewer, Drain, Sump | $25,000 | $100,000 | |  |  |
| **F30** | Utility Services – Direct Damage  (this limitation does not apply to stock damage) | $25,000 | $50,000 | | $100,000 |  |
| **F31** | Utility Services – Business Income and Extra Expense  (this limitation does not apply to stock damage) | $25,000 | $50,000 | | $100,000 |  |
| **F32** | Trellis and Vines | $100,000 | $250,000 | | $500,000 | $1,000,000 |

**SECTION G: AUTO EXPOSURES**

|  |  |  |
| --- | --- | --- |
| **DRIVER SCREENING PROCEDURES – MVRs:** | |  |
| **G1** | Do you have Driver Screening policies and procedures in place? | Yes  No |
|  | *If yes, please describe:* |  |
| **G2** | Do they include ordering MVRs? | Yes  No |
|  | *If yes, how often?* |  |
| **G3** | Do they define and address problem drivers? | Yes  No |
|  | *If yes, please describe:* |  |
| **G4** | When problem drivers are identified, are they assigned to non-driving duties and is the insurance carrier notified? | Yes  No |
|  | *If yes, please describe:* |  |

**SECTION H: SUPPLEMENTAL INFORMATION**

|  |
| --- |
|  |

READ AND SIGN BELOW

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

|  |  |  |
| --- | --- | --- |
|  | | |
| SIGNATURE OF APPLICANT | | |
|  |  |  |
| NAME | TITLE | DATE |
|  | | |
| SIGNATURE OF BROKER | | |
|  |  |  |
| NAME | TITLE | DATE |

**PLEASE READ CAREFULLY**

**GENERAL FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

**STATE SPECIFIC FRAUD WARNING NOTICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Arkansas Fraud Warning**  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  **Colorado Fraud Warning**  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.  **District of Columbia Fraud Warning**  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 an applicant.  **Florida Fraud Warning**  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.  **Hawaii Fraud Warning**  For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.  **Kentucky Fraud Warning**  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.  **Louisiana Fraud Warning**  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 fines and confinement in prison.  **Maine Fraud Warning**  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.  **Maryland Fraud Warning**  Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  **New Hampshire Statement of Residency**  To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of $2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.  **New Jersey Fraud Warning**  Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |  | **New Mexico Fraud Warning**  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.  **New York Fraud Warning**  Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: 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 $5,000 and the stated value of the claim for each such violation.  **Ohio Fraud Warning**  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.  **Oklahoma Fraud Warning**  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.  **Oregon Fraud Warning**  Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.  **Pennsylvania Fraud Warning**  All Types of Insurance: 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. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.  **Tennessee Fraud Warning**  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.  **Virginia Fraud Warning**  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.  **Washington Fraud Warning**  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. | |
| **POLICY CANCELLATION PROCEDURE**  **Pro Rata Calculation**  We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:   * At the company’s request; * Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance; * Rewritten in the same company or company group; or * After the first year for a prepaid policy written for a term of more than one year.   **Other Cancellations**  If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar. | | |