



WINERIES

BREWERY & WINERY INSURANCE SUPPLEMENTAL APPLICATION

General Information

Insured Name: _____

d/b/a: _____

Address: _____

Website: _____

Years in Operation: _____ Years of Experience of Head Vintner/Winemaker: _____

Other locations? Yes No **If yes, please complete a separate application for each location.**

Effective Date: _____ / _____ / _____

Expiring Carrier: _____ Premium: _____

1. Products Produced

- Still Wines
- Sparkling Wines
- Ciders
- Other (please specify): _____

2. Exposure Information

Upcoming Year (Projected): \$ _____ Revenues _____ Gallons

Prior Year: \$ _____ Revenues _____ Gallons

3. Revenue Breakdown

- Off-site Consumption (Manufacturing/Wholesale):
\$ _____ Bottles/Barrels
- On-site Consumption (Tasting Room/Restaurant):
 - \$ _____ Alcohol (your manufactured products)
 - \$ _____ Other Alcohol
 - \$ _____ Food Receipts
 - \$ _____ Gift Shop/Merchandise

4. Do you have wine caves on the premises in use? Yes No

5. Do you store wine for others? Yes No

- If so, are you responsible for insuring the wine of others? Yes No
- If yes, provide the maximum value of wine you are responsible for insuring. _____

6. How are your products distributed? _____
7. What is your distribution area? _____
8. Do you export any products? Yes No
9. What is the age of your building? _____
- When were the last updates?

Roof _____	Heating _____
Plumbing _____	Electrical _____

Operations Information

Food & Beverage Service

1. Do you operate a tasting room or restaurant? Yes No
2. What are the hours of operation? _____
3. What is the maximum seating capacity? _____
4. Do you have any security (including ID checkers)? Yes No
5. What type(s) of cooking equipment is used?
- Commercial Ovens Deep Fat Fryers Broilers
- Open Flame Grills Pizza Ovens No cooking (cold sandwiches, snacks, and/or soup)
- Other (please explain): _____
6. Is there a regular program in place for cleaning all hood and duct work? Yes No
- If yes, how frequently is it cleaned? _____
 - Who provides the cleaning service? _____
7. What kind of Fire Suppression System do you have? _____
- How often is the system inspected or serviced? _____

Premises & Property

8. Do you have live entertainment? Yes No
- If yes, what type and how frequent? _____
9. Is there a dance floor? Yes No
10. Are there games on-site (pool tables, shuffleboard, Baggo)? Yes No
11. Do you conduct winery tours? Yes No
- Are they guided by staff? Yes No
 - Are samples offered? Yes No
 - Are ID's checked? Yes No
12. Do you participate in or host special events that are not on your premises? Yes No
- If yes, please list and describe. _____
- _____
- _____
13. Do you provide guest lodging? Yes No
- If yes, how many rooms? _____ Annual Revenue \$ _____

14. Do you transport guests on or off premises in any way? Yes No
If yes, describe: _____

Safety Information

- 1. What is the capacity, in gallons, of your tank system? _____
- 2. What is the age of your tank system? _____
- 3. Is your equipment covered by service agreements? Yes No
- 4. Is your refrigeration/climate control equipment covered by service agreements? Yes No
- 5. Do you have a formal written Safety Program in place? Yes No
- 6. Do you have a formal Quality Control Program in place? Yes No
- 7. Do you perform quality control on your incoming ingredients? Yes No
- 8. Do you batch code your product? Yes No
- 9. Do you have a formal Product Recall plan? Yes No
- 10. Have you ever had to recall a batch? Yes No

Liquor Liability

- 1. Name on Liquor license: _____
 - Has your license ever been revoked or suspended? Yes No
 - Have there been any regulatory violations or fines in the past three years? Yes No
- 2. Do all servers/bartenders complete a formal alcohol training course? Yes No
- 3. What are your procedures for dealing with an intoxicated person? _____

- 4. Do you have a Designated Driver program in effect? Yes No
If yes, please describe. _____

- 5. Is Liquor Liability included in your General Liability policy? Yes No
- 6. What are the limits for Liquor Liability?
Per Occurrence: _____ Aggregate: _____

Additional Notes

Signature

Applicant Signature: _____
Title: _____ Date: ____/____/____

Refer to the current version of ACORD 63 FRAUD STATEMENTS.