



WINERY SUPPLEMENTAL QUESTIONNAIRE

Section I – Applicant Information		
Named Insureds:	Effective Date:	
DBA's:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email:	Website:	
Contact:		
Section II – Wine Production, Sales and Inventory		
Production	Current	Next Year
<i>Cased Wine (wine that is or is to be bottled and sold by you)</i>		
Cases Produced <i>(Please enter the number of cases)</i>		
<i>Bulk Wine (wine to be sold as bulk, not bottled)</i>		
Gallons Produced <i>(Please enter the number of gallons)</i>		
Wine Sales	Current	Next Year
<i>Closed Wine (wine bottled and sold by you)</i>		
Sales Volume – Total number of cases sold over 12 month period		
Sales Revenue - Total sales related to cased sales over 12 month period		
Average - Average case price of wine sold over 12 month period		
<i>Bulk Wine (wine sold as bulk, not bottled)</i>		
Sales Volume – Total number of gallons sold over 12 month period		
Sales Revenue - Total sales related to bulk wine over 12 month period		
Average - Average price per gallon of wine sold over 12 month period		
Direct Sales – Percentage sold direct to consumer or through tasting room	%	%
Wholesale – Percentage sold to distributors or restaurants	%	%
Total	%	%

Inventory		Current	Next Year
Cases Held – wine held at wine or in storage <i>(Please enter the number of cases)</i>			
Bulk Wine to be Bottled - still in tank or barrel but to be bottled <i>(Please enter the number of gallons)</i>			
Bulk Wine to be Sold as Bulk & Not Bottled <i>(Please enter the number of gallons)</i>			
Anticipated harvest in coming year (20____) <i>(Please enter the number of gallons)</i>			
Total Sales and Revenue		Current	Next Year
Total Wine Sales (from above)		\$	\$
Grape Sales		\$	\$
Custom Crush Fees		\$	\$
Wine Storage Fees Collected		\$	\$
Restaurant Sales – Total receipts including alcohol sales		\$	\$
Restaurant Alcohol Sales, no food: \$			
Lodging		\$	\$
Special Events Fees Collected		\$	\$
Other		\$	\$
Total Annual Gross Receipts		\$	\$
Section III – Operations			
Winemaker			
Name of Person:			
Years of Experience: Years			
Custom Crush and Other Services			
Do you custom crush for others?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Number of Custom Crush Clients:		Clients	
Estimated Volume of Wine Custom Crushed Annually? <i>(Please enter the number of gallons)</i>		Gallons	
Do you bottle wine for others?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Do you provide storage for others?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
Please provide a copy of your custom crush contract			

Do you utilize a custom crush for your own production?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes , Name of Facility utilized:				
Tasting Room				
Is tasting room open to the public?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is tasting room by appointment only?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Number of visitors annually:	Visitors			
Is staff trained in serving alcohol through TIPS or similar program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you conduct tours of the winery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vineyard and Vineyard Management				
Number of acres owned:	Acres			
Number of acres under vine:	Acres			
Number of acres leased:	Acres			
Do you farm for others?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you utilize a vineyard manager?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Section IV – Property				
Wine Leakage and Contamination		Current		Next Year
Maximum leakage exposure for any one vessel:				
Maximum value per gallon:				
In Transit				
What is the value of your largest shipment? \$				
How many shipments per year are there at the peak value shown above?				Shipments
Other				
Do you have plans for construction on your premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there solar panels and/or electricity generating windmills?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes , please provide:				
Number of Panels:		Panels		
Size in Kwh per control Panel:		Kwh		

Remarks

Section V – Protections

Location Number	Type of On-site Water Source	Acre ft/gallons	Hydrant	Fire Pump

Section VI – Solar Panels/ Photovoltaics

Description	Current	Next Year
Number of Solar Panels:		
Replacement Value of Each: <i>(Please enter the total dollar value)</i>		
Manufacturer of Each:		
Type: <i>(Fixed Flat/ Concentration/ Tracking)</i>		

Power

What is the annual power production in some unit of the watt hour?:

What is the amount of power generated? (peak power produced at a given instant in time-nameplate)

Protection

Is there a maintenance agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **Yes**, Company performing maintenance:

Date of MFG / installation or Date of retrofit:

Is there a warranty in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Location of Panels: (<i>Roof / Wall / Ground</i>)				
Panel Protection:				
Inverters				
Are there inverters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If No , direct DC Power. Indicate what panels are powering:				
Number Panels per Inverter:	Panels/Inverter			
Replacement Value of each Inverter:	\$			
Size of each Inverter (kW):	kW			
Manufacturer of Each:				
Date of MFG/ Installation date:				
Location of Inverters:				

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA

APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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 the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.