



SBE –Vineyard & Agriculture
ERRORS & OMISSIONS INSURANCE
(Claims First Made & Reported Basis)

Professional Liability Insurance
Services, Inc. - Underwriting Facilities
 1.800.761.7547 | (512) 328.0677 . F: (512) 327.5834
 W: www.plisinc.com | E: underwriting@plisinc.com



****PREMIUM FINANCING AVAILABLE****

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: _____
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)
Vineyard Operator/Manager	\$ _____
Winemaking Consultant (excluding blending)	\$ _____
Wine Blender/Winemaker	\$ _____
Vineyard Consultant	\$ _____
Farm Administrative/Agriculture 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. Describe nature of your business (mode or method of operation, type of services performed. where such operations are performed, etc.)

- a.) Total acreage managed, if applicable _____
- b.) Do your employees perform the work or does the vineyard owner provide the employees? Yes No
- c.) 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
- d.) 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 not, where _____
- e.) Are you responsible for labeling? Yes No
 If so, are you responsible for labeling content? Yes No
 * If response to d) and e) 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
- f.) Do you store the product? Yes No
 If so, at what stage of product and duration: _____

15. Do you manage any tours? (If YES, please complete questions 15a-15g)..... YES NO

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

	<u>% Percentage</u>
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

16. Do you host or oversee events: (If YES, please complete questions 16a-16d)..... 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

17. 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

18. Does any employee of the Applicant serve on the Board of Directors of any client of the Applicant? YES NO

19. 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

20. Do you require a written contract or agreement for services with your clients? *(If yes, answer 20a-20d and provide copy)* YES NO

a) Hold harmless or indemnity agreements insuring to your benefit? YES NO

b) Hold harmless or indemnity agreements insuring to your client's benefit? YES NO

c) Guarantees or warranties? YES NO

d) Do you provide specific description of the services? YES NO

21. Loss Control - What safeguards or procedures do you employ to avoid liabilities or losses? _____

22. Number of employees who are: Full Time: _____ Part Time: _____ Temporary: _____ Leased: _____

CLAIMS HISTORY/EXPERIENCE: (For questions 23-25 answered yes, please complete the SBE E&O Claim Supplement for each Claim or Potential Claim (circumstance, act, error or omission.)

To avoid loss of coverage, it is imperative that all known **potential claims** (circumstances, acts, errors, 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, oral or written, received by the Applicant for money or services, including the service of suit or institution of arbitration proceedings against the Applicant.

23. Have any **claims** or lawsuits 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

*It is agreed that if there is knowledge of any such **potential claim** (circumstance, acts, errors, omissions) or any **claim** subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.*

24. Is the Applicant aware of any **potential claims** (circumstances, alleged acts, errors or omissions, or of any offenses) which may reasonably be expected to result in a **claim** being made against the persons or entities described above? YES NO

25. 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

26. 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.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

*If retroactive date limitation included please advise date _____ (Please provide copy of expiring Declarations page)

27. 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

28. a. Please provide the following information for your **general liability coverage (CGL)** currently in force and for the immediate past 3 years.

<u>Policy Period</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

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)***

29. Do you have workers compensation coverage currently in force?..... YES NO

30. 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
- 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

All Policies, if issued, include a deductible applying to the cost of defense, judgment and settlement or any combination thereof and, as stated in the Policy, the costs of legal defense are included within the limits of liability except as otherwise endorsed. The limits of liability shall be reduced, and may be completely exhausted, by **Damages** which include **Defense costs** and, in such event, Underwriters shall not be liable for **Damages** that exceed the limits of liability stated in the Declarations of the Policy.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. Signing of this Application does not bind Underwriters to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by Underwriters, and the statements made herein shall be construed as representations and warranties of the Applicant.

This Application is for a "CLAIMS MADE AND REPORTED" BASIS POLICY which limits liability to claims first made and reported against the Applicant during the Policy Period. Coverage, if completed, will not apply to any known circumstance, act, error or omission that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered claims, the Applicant will be required to be defended by Underwriter's appointed attorneys and that the deductible under the Policy shall apply to claims and including (whether or not indemnity payment is made) expenses, investigations costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving Underwriters, then no coverage for such a claim is afforded to the Applicant under the Policy.

By signing this Application form, 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. It is recommended that the Applicant take time to review the policy and any applicable endorsements to ensure that they fully understand the coverage provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

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.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR WHO CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION 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



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APPLICANT: _____

DATE OF CLAIM	DATE OF REPORT	AMOUNTS PAID	TOTAL PAID/RES.	OPEN/ CLOSED	CLAIM/ INCIDENT
_____	_____	_____	_____	_____	_____

Insurance Carrier: _____

Attorney involved: _____
Attorney designated by carrier? YES NO
Claimant's Demand: (\$ + other) _____
(please estimate if unknown)

Claimant: _____

The unqualified word "**Claim**" wherever used in the Policy shall mean a demand, oral or written, received by the **Insured** for money or services, including the service of suit or institution of arbitration proceedings against the **Insured**.

1. a) **Current Status:** Claim / lawsuit Incident Open Closed
b) What is the current status of the claim? _____

2. Please provide description of claim / complaint:

3. Please provide:
a.) Date of act giving rise to the claim / incident: _____
b.) Date claim / incident was made against the Applicant: _____
c.) Date claim / incident was reported to insurer: _____
d.) Name of the insurer the claim / incident was reported to: _____
e.) Was there an attorney involved? _____
f.) Was the attorney appointed by the insurer? YES NO

4. Was there a contractual relationship?..... YES NO
If yes, please attach a copy of the signed and dated contract
If no, was the contract fulfilled..... YES NO

5. Was there an alleged breach of that contract?..... YES NO

6. Please provide details regarding any known **Potential Claim**. A **Potential Claim** means any fact, situation or **Wrongful Act** which might reasonably be expected to give rise to a **Claim** against the **Insured**/Applicant.:

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 the Applicant or its employees 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.*

7. Explain what action(s) have been taken to prevent a recurrence or to mitigate damages of a similar claim/incident:

The undersigned agrees that this Warranty Statement shall become part of the Application for Small Business Essentials Miscellaneous Errors and Omissions Liability Insurance. The submission of an application and agreement to this Warranty statement does not obligate either Underwriters or the APPLICANT to bind coverage or issue a policy.

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.

Authorized Applicant's Signature _____

Date _____

Authorized Applicant's Printed Name _____