

# Winery Pak® Application

Named Insured \_\_\_\_\_  
If multiple Named Insds, attach list of NI including how each entity is related, description of operations and ownership interests of each

Mailing Address \_\_\_\_\_

Website \_\_\_\_\_

Contact Name, Phone, and email \_\_\_\_\_

Estimated Total Gross Wine Sales Next 12 months \$ \_\_\_\_\_

    Still % \_\_\_\_\_

    Sparkling % \_\_\_\_\_

    Wholesale % \_\_\_\_\_

    Retail/Direct to Consumer % \_\_\_\_\_

Typical Markup for Wine you sell Retail/Direct % \_\_\_\_\_

Total # Cases to be sold Next 12 Months \_\_\_\_\_

Average Selling Price per Case \$ \_\_\_\_\_

Approx Cost of bottling, corks, labels, cardboard, labor, etc. per case \$ \_\_\_\_\_

Estimated Bulk Wine Sales Next 12 Months \$ \_\_\_\_\_

    Average Selling Price per Gallon \$ \_\_\_\_\_

Total Grape Sales Next 12 Months \$ \_\_\_\_\_

Total Distilled Spirits Sales Next 12 Months \$ \_\_\_\_\_

Tasting Rooms/Direct to Consumer Sales

Total Revenue \$ \_\_\_\_\_

Total Wine Sales \$ \_\_\_\_\_

Total 'Other than Wine' Sales \$ \_\_\_\_\_

Total 'Tastings' Sales \$ \_\_\_\_\_

Do you have any Restaurant or Food Sales Yes No

    Total Food Sales \$ \_\_\_\_\_

    Total Restaurant Wine/Alcohol/Beer Sales \$ \_\_\_\_\_

## Winery Pak® Application

Do you provide Guest Lodging Yes No  
# of Rooms \_\_\_\_\_  
Annual Revenue \$ \_\_\_\_\_

Do you offer Tours Yes No  
Are the Tours Escorted Yes No  
# Annual Tour visitors \_\_\_\_\_  
Annual Tour Revenue \$ \_\_\_\_\_

Do you transport guests on or off-premises in any way Yes No If yes, describe

---

### Special Events Hosted by You (Harvest Parties, Festivals, etc.)

Average # per Year \_\_\_\_\_  
Average Attendance \_\_\_\_\_  
Maximum Attendance \_\_\_\_\_  
Annual Revenue \$ \_\_\_\_\_

### Special Events Rented to Others (Weddings, Corporate Events, Etc.)

Average # per Year \_\_\_\_\_  
Average Attendance \_\_\_\_\_  
Maximum Attendance \_\_\_\_\_  
Annual Revenue \$ \_\_\_\_\_

Do you utilize a Standard Contract Yes No If yes – please attach  
Do you require proof of insurance for each event Yes No  
Do your employees pour Wine at these events Yes No

Do any Events include Fireworks, Firearms, Organized Sports or Concerts Yes No

Do you offer valet parking Yes No  
Using your own Employees Yes No  
Using an Outside Contractor Yes No

## Winery Pak® Application

### Foreign Sales

Total Sales to Foreign Countries \$ \_\_\_\_\_

List Countries \_\_\_\_\_

Estimated # trips made outside US by employees \_\_\_\_\_

Purpose of these trips (Sales, Marketing, etc.) \_\_\_\_\_

Max # of employees travelling at any one time \_\_\_\_\_

Any employees based in Foreign Countries Yes No If yes, provide details

Who is your Winemaker \_\_\_\_\_

Years of Experience \_\_\_\_\_

Total # of Full-time Employees \_\_\_\_\_

Total # of Part-time Employees \_\_\_\_\_

Total # of Seasonal Employees \_\_\_\_\_

Do you Transport any of your Employees Yes No If yes, provide details

Do you provide any Employee Housing Yes No If yes, provide details

Do you have a written quality control program Yes No

Do you have a program to comply with Fed/State Labeling requirements Yes No

Are employees trained in safety procedures (Chemical handling, tank cleaning, equip use) Yes No

Have you ever had a product recalled Yes No

Are tasting room servers certified in any alcohol training programs Yes No

Do you have a written policy for responsible alcohol service Yes No

Are all servers trained on this policy Yes No

Have you ever been fined or cited for improper service of alcohol Yes No

Any alcohol related claims during the last 5 years Yes No

## Winery Pak® Application

Do you Bottle your own Wine	Yes	No
# of Bottling Lines	_____	
Capacity	_____	
Do you Bottle Wine for others	Yes	No
# of cases	_____	
Annual Bottling Revenue	\$	_____
Do you utilize a standard contract	Yes	No    If yes – please attach
Do you Custom Crush for others	Yes	No
# of customers	_____	
Total # of gallons	_____	
Annual Custom Crush Revenue	\$	_____
Do you utilize a standard contract	Yes	No    If yes – please attach
Who is responsible for insuring this wine at your premises	_____	
Do you Store Wine for others	Yes	No
Total # of Gallons	_____	
Total # of Cases	_____	
Maximum value of all wine stored	\$	_____
Annual storage revenue	\$	_____
Do you utilize a standard contract	Yes	No    If yes – please attach
Who is responsible for insuring this wine at your premises	_____	
Do you provide Consulting Services for others	Yes	No
Total # of Clients	_____	
Annual Consulting revenue	\$	_____
Do you utilize a standard contract	Yes	No    If yes – please attach
Total # Acres Owned	_____	
Total # Acres Leased	_____	
Total # Acres Planted to Grapes	_____	

# Winery Pak<sup>®</sup> Application

Do you use a Vineyard Management Company	Yes	No	
Do you require a written agreement	Yes	No	If yes – please attach
Do you Manage Vineyards for others	Yes	No	
Do you utilize a standard contract	Yes	No	If yes – please attach
Do you hire Farm Labor Contractors	Yes	No	
Do you require a written agreement	Yes	No	If yes – please attach
Do you transport Farm Labor Contractors	Yes	No	If yes – provide details

---

Do you apply your own Herbicides, Pesticides or Fertilizers	Yes	No	
Do you apply Herbicides, Pesticides or Fertilizers for others	Yes	No	
What do you typically apply			

---

Are these applied by a licensed applicator	Yes	No	
Do you have an EPA program in place for all storage & applications	Yes	No	
Any applications conducted using Aircraft	Yes	No	
Any Chemical Drift losses or actions against you in the last 5 years	Yes	No	

### Transit

What is your largest shipment of Bulk Wine			<u># of gallons</u>
Maximum value of Bulk Wine shipped at any one time	\$		
What is your largest shipment of Cased Goods			<u># of cases</u>
Maximum value of Cased Goods shipped at any one time	\$		
Do you use a Common Carrier or Trucker	Yes	No	
Is Carrier or Trucker responsible for Damaged Goods	Yes	No	
Do you require a written agreement	Yes	No	If yes, please attach
Average # of Shipments per year			
Average Value of each Shipment	\$		
Average distance travelled of each Shipment			
Do you Transport Wine for Others	Yes	No	
Do you utilize a standard contract	Yes	No	If yes, please attach
Who is responsible for insuring this wine in transit			

## Winery Pak® Application

Tank Capacities	# of Tanks
Up to 10,000 Gallons	_____
10,001 to 12,000 Gallons	_____
12,001 to 25,000 Gallons	_____
25,001 to 75,000 Gallons	_____
75,001 to 100,000 Gallons	_____
Greater than 100,000 Gallons	_____
Total Replacement Cost of all Tanks	\$ _____
Maximum Leakage Exposure from any one tank	_____ gallons
Maximum Leakage Exposure from any one tank	\$ _____
Barrels	_____
Total # of Barrels	_____
French	% _____
Current Replacement Cost per Barrel	\$ _____
American	% _____
Current Replacement Cost per Barrel	\$ _____
Current Replacement Cost of all Winemaking Equipment	\$ _____
Current Replacement Cost of Mobile Agricultural Equipment	\$ _____
Wine Inventories	
Replaceable Bulk Wine	Average # Gallons _____
	Maximum # Gallons _____
	Average value per Gallon \$ _____
Irreplaceable Bulk Wine	Average # Gallons _____
	Maximum # Gallons _____
	Average value per Gallon \$ _____
Cased Goods	Average # Cases _____
	Maximum # Cases _____
Library Collection	# of Cases _____
	Replacement Value \$ _____

## Winery Pak® Application

Do you have any caves at your premises

Yes No

Square Footage \_\_\_\_\_

Use \_\_\_\_\_

Do you own any Registered Historical Buildings at your premises

Yes No

Describe \_\_\_\_\_

Do you ever store wine at any location not listed on your policy

Yes No

Maximum value stored at any one unlisted location

\$ \_\_\_\_\_

Do you require off-site storage sites to provide you with regular inventories

Yes No

Any Named Insured have any business operations not detailed above

Yes No If yes, describe

General Comments \_\_\_\_\_

Application Completed By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Additional Information Required

Statement of Values incl Building, Building Improvements, Equipment & Wine Values by location

Inventory of Cased Wine and of Bulk Wine, by location, for last 12 months

Schedule of Vehicles including Make, Model, VIN number, Class code, Garage Zip Code

Schedule of Drivers including Name, Date of Birth and Drivers license number

Loss History for the last three years

Summary of current coverage's

Copies of current declaration pages