



Winery Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

1. How many years of employment does the management have in the wine industry? _____

2. List your labels or wines that have registered trademarks:

3. Please provide loss runs for the package and liquor liability (if coverage is being requested, liquor liability not available from UFG in all states):

LIABILITY

1. Classes appropriate to operations, complete only those that apply to your winery:
- a. Total Gross Sales \$ _____
 - b. Still wine manufacturing sales \$ _____
 - c. Sparkling wine manufacturing sales \$ _____
 - d. Distilled spirits manufacturing sales \$ _____
 - e. Non-wine product sales \$ _____
 - f. Onsite restaurant food sales \$ _____
 - g. Onsite public lodging room(s) stay sales \$ _____
 - h. No. of vineyard acres _____
 - i. No. of vacant land acres _____

2. Describe product recall procedures and tracking of wine batches:

3. Special Events

a. Does the winery host any events that bring the public on the premises, including concerts, art exhibits, theater performances, balloon rides, weddings, benefits, renting facilities for corporate meetings, auctions, dinners, cooking classes or other events? Yes No

b. Special events on premises include concerts, festivals, and other gatherings:

Inside/Outside	People attending	Public/Private

c. Special events off premises include concerts, festivals, and other gatherings:

City/State where held	Days attending

4. Do you transport visitors to your winery/vineyard including rides through the winery? Yes No

5. Do you allow visitors to your winery to make or bottle their own wine?..... Yes No
6. Do you allow visitors to bring alcohol on premises to consume during a dinner or special event?
 Yes No
7. Do you utilize labor contractors?..... Yes No
 - a. If yes, please provide the name of the contractors. State whether there is signed contract between you and the contractor, including a hold harmless agreement and if you are listed as an additional insured under the contractor's liability policy.

8. Are certificates of insurance and additional insured status required for all vendors and contractors?..... Yes No
9. Do you re-label or repackage any products you sell, including wine? Yes No
 - a. If Yes, please provide details

LIQUOR LIABILITY

1. Is the winery open to the public?
 Yes No
 - a. If Yes, what are the days?_____hours?_____
2. Does the winery have a tasting room?
 Yes No
3. Do you require your employees to be trained in some type of alcohol beverage intervention program such as TIPS?
 Yes No
 - a. If Yes, how often do you require employees to receive training? When hired annually every other year

PREMISES:

1. Gallons of wine produced annually_____
2. Do you have a restaurant on premises?..... Yes No
If Yes, list food sold/prepared by the insured

3. Do you have a dance floor on the property?
 Yes No
4. Identify and provide value(s) for any critical or hard-to-replace equipment
 - a. _____
 - b. _____
 - c. _____
5. Is property ever stored off premises? Yes No
6. Do you store wine for others?..... Yes No
 - a. If Yes, are you responsible for insuring the wine of others?
 Yes No
7. Is there public lodging on premises?..... Yes No
 - a. No. of sleeping rooms_____

PROPERTY WORKSHEET FOR AGENTS AND LOSS CONTROL

** Business personal property must be located within 100 feet of the premises listed on the application. If permanently attached, place value in building, or tenant improvements and betterments if they do not own the building.*

PROPERTY COVERED	NO. of ITEMS	NO. of GALLONS	TOTAL REPLACEMENT COST	VALUE INSURED
French Barrels	_____	_____	_____	_____
American Barrels	_____	_____	_____	_____
Steel Tanks	_____	_____	_____	_____
Bottling/Labeling Equipment			_____	_____
Refrigeration Equipment			_____	_____

MARKET VALUE WINE IN BOTTLES

YEAR/VARIETAL	NO. of BOTTLES	COST per BOTTLE	TOTAL MARKET REPLACEMENT COST

N.J. Law P.L 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name	Agent's Name
Title	Agent's Signature Date
Owner or Officer's Name	Date Expiring policy number, if applicable