



Markel Insurance Company



Allen Financial Insurance Group

Winery Application

Markel Agent Number: _____

Name of Applicant: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Contact Person & Phone Number: _____

FEIN: _____ Proposed Effective Date: _____

Section 1 - Applicant Information

1. a. ☐ Corporation ☐ Individual* ☐ Joint Venture ☐ Limited Liability Company ☐ Trust ☐ Organization
☐ Partnership
- b. *If applicant is multiple individual names, what is the relationship of applicant(s)? ☐ Husband/Wife ☐ Siblings
☐ Parent/Child ☐ Other: _____
- c. If ownership is not 'individual':
(1) Entity owning the premises: _____
(2) Entity the dwelling is owned under: _____ ☐ N/A - not covering dwelling(s)
(3) Entity conducting winery operation: _____
2. Names of corporate partners/officers for each entity: _____
3. Are you a member of a state or national wine association? ☐ Yes ☐ No
If yes, please list: _____

Section 2 - General Information

1. a. Does current management have 4 or more years experience in the wine industry? ☐ Yes ☐ No
b. If "no", describe winemaking experience: _____
2. Has the applicant ever filed for bankruptcy or had a foreclosure? ☐ Yes ☐ No
If yes, explain: _____
3. Prior Policy Information

Insurance Company	Type of Policy	Effective Dates	Premium
			\$
			\$
			\$

Has any prior coverage been cancelled or non-renewed? ☐ Yes ☐ No

If yes, explain: _____

4. Loss History: Enter all claims or occurrences within the past 5 years and provide current Loss Runs or check ☐ None

Date	Type of Insurance	Type/Description of Occurrence or Claim	Amount of Loss	O=Open C= Closed
			\$	
			\$	
			\$	

5. Additional Interest/Operations (Blanket Vendors and owner of premises included on the Winery Enhancement.)
- a. ☐ Additional Insured ☐ Lienholder ☐ Loss Payee ☐ Mortgagee ☐ Other: _____
 Name, Address and interest: (example: location #/building #, equipment #, item # and description): _____
- b. Does the insured have any additional operations, on or off premises, including farming or business? ☐ Yes ☐ No
 If yes, provide details: _____
6. a. Do you store wine for others? ☐ Yes ☐ No
 b. Are you responsible for insuring the wine of others? ☐ Yes ☐ No
 c. What is the maximum value of the wine you are responsible for insuring? \$_____
7. Wine Leakage: ☐ \$50,000 (standard limit) ☐ \$250,000 ☐ \$500,000 ☐ Other: \$_____
- a. Collision barriers installed to prevent contact for tanks. ☐ Yes ☐ No
 b. Maximum volume per single valve is 2,500 gallons or less. ☐ Yes ☐ No
 c. Written plan in place for monitoring leakage exposures. ☐ Yes ☐ No
 d. Dual confirmation system in place, i.e. needing two or more valves to initiate a transfer. ☐ Yes ☐ No
 e. Check all that applies: ☐ Automated valve control ☐ Manual valve control ☐ Automated valve control and manual control override.

Section 3 - Liquor Liability

1. Number of days per week open to the public: _____ Hours of operation: _____ ☐ Not open to the public
2. Annual receipts from all wine served by applicant, including tastings, events, restaurants: \$_____
3. Do you have written procedures in place for serving customers, including checking IDs, the treatment of customers who appear intoxicated, arranging rides home, documenting incidents, etc.? ☐ Yes ☐ No
4. a. Servers required to be trained in an alcohol beverage intervention program, such as TIPS? ☐ Yes ☐ No
 b. How often do you require your servers to receive training? _____
5. Has your Liquor Liability insurance ever been declined, cancelled, or non-renewed? ☐ Yes ☐ No
 If yes, explain: _____
6. Check the following that applies: ☐ Have had Liquor Liability claims ☐ Been cited for a Liquor Control Board violation
☐ Neither Other than 'Neither', explain: _____
7. Do you allow others to bring alcohol on your premises to be served or sold? ☐ Yes ☐ No
8. Do you sell or serve any alcohol not manufactured by you? ☐ Yes ☐ No

Section 4 - Property Information

1. Location Information If additional space is needed, attach on a separate sheet of paper.

Location #	Location Address	Operations	# of Acres

2. Building Information (For each building, provide the full value on the building, BPP, Stock, and Business Income.)

Premises Information Loc# _____ Bldg# _____	Building Description: Protection: <input type="checkbox"/> Sprinkler _____% <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Central Station <i>Tanks to be included in building values. Barrels are part of the BPP.</i>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease from others				
Description of Property	Amount	Coinsurance%	Valuation	Cause of Loss	Deductible	
	\$					
	\$					
	\$					
	\$					
Construction Type: <input type="checkbox"/> Non-combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Frame	Distance To: Hydrant: _____ft. Fire Station: _____mi	Responding Fire Dept.: _____	Prot. Class: _____	Number Stories: _____	Year Built: _____	Total Sq. Footage: _____
Building Improvements: Wiring Year: _____ Roofing Year: _____ Heating Year: _____ Plumbing Year: _____ Other: _____ Year: _____	Wind Class: <input type="checkbox"/> Semi-Resistive <input type="checkbox"/> Resistive <input type="checkbox"/> Other	Heating Boiler on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Refrigeration systems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Solar or <input type="checkbox"/> Wind systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Premises Information Loc# _____ Bldg# _____	Building Description: Protection: <input type="checkbox"/> Sprinkler _____% <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Central Station <i>Tanks to be included in building values. Barrels are part of the BPP.</i>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease from others				
Description of Property	Amount	Coinsurance%	Valuation	Cause of Loss	Deductible	
	\$					
	\$					
	\$					
	\$					
Construction Type: <input type="checkbox"/> Non-combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Frame	Distance To: Hydrant: _____ft. Fire Station: _____mi.	Responding Fire Dept.: _____	Prot. Class: _____	Number Stories: _____	Year Built: _____	Total Sq. Footage: _____
Building Improvements: Wiring Year: _____ Roofing Year: _____ Heating Year: _____ Plumbing Year: _____ Other: _____ Year: _____	Wind Class: <input type="checkbox"/> Semi-Resistive <input type="checkbox"/> Resistive <input type="checkbox"/> Other	Heating Boiler on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Refrigeration systems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Solar or <input type="checkbox"/> Wind systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Premises Information Loc# _____ Bldg# _____	Building Description: Protection: <input type="checkbox"/> Sprinkler _____% <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Central Station <i>Tanks to be included in building values. Barrels are part of the BPP.</i>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease from others				
Description of Property	Amount	Coinsurance%	Valuation	Cause of Loss	Deductible	
	\$					
	\$					
	\$					
	\$					
Construction Type: <input type="checkbox"/> Non-combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Frame	Distance To: Hydrant: _____ft. Fire Station: _____mi.	Responding Fire Dept.: _____	Prot. Class: _____	Number Stories: _____	Year Built: _____	Total Sq. Footage: _____
Building Improvements: Wiring Year: _____ Roofing Year: _____ Heating Year: _____ Plumbing Year: _____ Other: _____ Year: _____	Wind Class: <input type="checkbox"/> Semi-Resistive <input type="checkbox"/> Resistive <input type="checkbox"/> Other	Heating Boiler on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Refrigeration systems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Solar or <input type="checkbox"/> Wind systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 5 - Inland Marine Equipment

Equipment and machinery permanently installed and storage tanks should be included in the Building value. Stock and wine equipment should be included in the BPP. If coverage is desired for mobile equipment and machinery, provide the following information below:

#	Description/Manufacturer	Model & Year	ID/Serial Number	Amount of Insurance
				\$
				\$
				\$
				\$

Section 6 - General Liability Information

GL Limits: \$1,000,000/\$3,000,000

Med Pay: \$5,000

Damage to Rented Premises: \$100,000

1. Schedule of Hazards

Loc.#	Classification	Class Code	Premium Basis	Exposure
	Wine Mfg. - Still	59964	Gross Sales	
	Wine Mfg. - Sparkling	59963	Gross Sales	
	Distillery – mfg.	56488	Gross Sales	
	Farm Dwelling	63010	Per Unit	
	Farm Personal Liability	05223	Per Unit	
	Gift Shops – (bottled wine for sale is part of Wine Mfg. Do not include in this class)	13506	Gross Sales	
	Liquor Liability (poured/served wine)		Gross Sales	
	Restaurant / Food sales	169__ __	Gross Sales	
	Special events (see Note, Page 5)		Gross Sales	
	Other: _____	_____	_____	

2. Do you have a formal, written safety program in operation? ☐ Yes ☐ No

3. Certificates of Insurance with Additional Insured status are required from all vendors, suppliers and contractors.
Signed contracts are to include hold harmless in your favor. Do you meet these requirements? ☐ Yes ☐ No
Attach copies of your hold harmless agreements.

4. a. Does your winery do any custom crush or wine producing for others? ☐ Yes ☐ No
b. Does your winery do any DIY or class/instruction on wine making? ☐ Yes ☐ No
c. If yes to either, explain: _____

5. a. Are wine caves or cellars on premises? ☐ Yes ☐ No
b. Are the caves used for special events or tours? ☐ Yes ☐ No

6. Any lodging to the public? (i.e. B&B, cabin rental etc.) ☐ Yes ☐ No

If yes, complete the **Bed & Breakfast/Lodging Supplement**.

7. a. Any foreign sales? ☐ Yes ☐ No If yes, annual sales: \$ _____
b. Any import of products? ☐ Yes ☐ No If yes, explain: _____

8. a. Do you transport visitors to or on your winery, including rides through your vineyards? ☐ Yes ☐ No
b. If yes, provide details: _____

c. Are guests taken on tours on a mechanized car or train? ☐ Yes ☐ No

9. a. Dwellings on premises; who is the occupant? ☐ Individual insured ☐ Principal/Partner ☐ Employee ☐ Tenant

b. Check all that apply to premises: ☐ Trampoline ☐ Swimming pool ☐ Owned dogs (Breeds): _____

Section 7 - Product Information

1. Do you have a written quality ☐ testing and ☐ sanitation program? ☐ Yes ☐ No
2. Do you maintain records of your blends and quality testing? ☐ Yes ☐ No
3. Do you re-label or re-package any products you sell including wine? ☐ Yes ☐ No

If yes, provide details: _____

4. Are bottles inspected before and after filling? ☐ Yes ☐ No
5. Have you ever had to perform a product recall or market withdrawal? ☐ Yes ☐ No

If yes, explain: _____

6. Have you discontinued or are you considering discontinuing any product including wine to be covered by this insurance? If yes, please attach an explanation. ☐ Yes ☐ No

Section 8 - Employee information

1. Number of full-time employees/recognized volunteers: _____
Number of part-time employees/recognized volunteers: _____ (Employees/recognized volunteers other than full-time are to be counted as one-half an employee/recognized volunteer.)
2. Employee Benefits Liability (Deductible per claim: \$1,000) Include in quote: ☐ Yes ☐ No

NOTE:

- If you host any events that bring the public on the premises such as concerts, art exhibits, amusement rides, weddings, rent facilities for meetings, dinner or other events that have an admission charge or over 200 attendees, please complete the **Winery Event Supplement**.
- If the EDP limit is greater than \$50,000, complete the ACORD 148
- If the Transit limit is greater than \$10,000, complete the ACORD 143
- If Auto coverage is desired, complete the ACORD 127 and state specific ACORD 137
- If Excess coverage is desired, complete the ACORD 131
- For Business Income limits over \$50,000., provide **Business Income Worksheet**

Fair Credit Report Act Notice: Personal information about the applicant, including information from a credit or other investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by the insurer or the insurer's agents may in certain circumstances be disclosed to third parties without the applicant's authorization. Credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The insurer may use a third party in connection with the development of the applicant's score. The applicant has the right to review the applicant's personal information in the insurer's files and can request correction of any inaccuracies. A more detailed description of the applicant's rights and the insurer's practices regarding such information is available upon request. Contact the applicant's agent or broker for instructions on how to submit a request to the insurer.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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 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.

Applicable in KY, NY, OH and PA

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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

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.

How did you hear about Markel? ☐ Magazine ad ☐ Referral ☐ Convention/conference ☐ Website ☐ Other

Describe: _____

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____

Allen Financial Insurance Group
12424 N 32nd St #101 Phoenix, AZ 85023
800-874-9191 602-992-1570 FAX 602-992-8327
WWW.EQGroup.com ballen@eqgroup.com