

## New Business Application

# Winery Protect

Name of Business: \_\_\_\_\_

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

Risk Location (If different from mailing): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

1. Renewal Date: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

2. Current Insurance Company: \_\_\_\_\_ Property Deductible: \_\_\_\_\_

3. Has the Management or Ownership changed in the last 12 months?      Yes      No  
If Yes, please explain:

4. Does the Winery have a written Risk Management Plan?

5. Is there anyone else with an interest in your vines? (farmer, partner, mortgage, etc.)      Yes      No

## Loss Payee/ Mortgage Information:

Loss Payee #1: \_\_\_\_\_

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

Loss Payee #2: \_\_\_\_\_

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

## Coverages

1. Do you want to purchase Business Interruption coverage?      Yes      No
  - a. Limit Required \$ \_\_\_\_\_ (Please complete and include a Profits Worksheet)
2. Do you wish to purchase Umbrella coverage?      Yes      No
  - a. Limit Required \$ \_\_\_\_\_
3. Please provide underlying Automobile Policy Limit \$ \_\_\_\_\_ # of vehicles insured: \_\_\_\_\_

## Details about the Winery

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1. Corporate Structure:            Corporation   Partnership   Joint Venture   Sole Proprietorship
2. Number of Employees:        Full Time: \_\_\_\_\_    Part time: \_\_\_\_\_
3. Please share your Association Relationships (VQA, ABCW, WCO, etc.): \_\_\_\_\_
4. Is the Winery open year around?    Yes    No
5. Does an employee visit the premises daily during off season?    Yes    No
6. What is the acreage size of your property? \_\_\_\_\_
7. Do you own vacant land or other property whereby insurance should be extended?    Yes    No  
 If yes, what is the use and legal address: \_\_\_\_\_  
 \_\_\_\_\_
8. What changes in operations or construction do you anticipate over the next 12 months: \_\_\_\_\_  
 \_\_\_\_\_

## Revenues - Annual Gross Revenues

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Sales – Wholesale (LCBO, SAQ, LCBC):	\$ _____
Sales – Onsite Sales	\$ _____
Sales – Direct to Restaurants	\$ _____
Sales – Exports to the United States	\$ _____
Sales – Exports outside North America	\$ _____
Banquet/ Wedding	\$ _____
Food Operations	\$ _____
Other: _____	\$ _____
 Total Revenues:	 \$ _____

## Claims History – Please describe any and ALL claims or law suits that you have had within the last 5 years

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No known or reported losses in the last 5 years

1. Date: \_\_\_\_\_ Type: \_\_\_\_\_

Reserve: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Loss Prevention Measures: \_\_\_\_\_

2. Date: \_\_\_\_\_ Type: \_\_\_\_\_

Reserve: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Loss Prevention Measures: \_\_\_\_\_

## Declarations

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I/we declare that:

1. The information in this application is true and correct and I/ we have not withheld any relevant information.
2. I/ we understand that any statement made in this application will be treated as a statement made by all of the people to be insured:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Building & Equipment Breakdown

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<b>Building &amp; Equipment Details</b>	<b>Size (Sq Ft.)</b>	<b>Replacement Value</b>	<b>Contents &amp; Equipment Value</b>	<b>TOTAL LIMIT</b>
Main Building				
Secondary Building				
Storage Building				
Maintenance Building				
Production Equipment				
Dwellings on Site				
Mobile Equipment				
Outdoor Storage Tanks				
Underground Storage Tanks				
Trellis Valuation				
Electronic Processing Equip.				
Signs				
Other Building:				
_____				
Other Building:				
_____				
Other Building:				
_____				
_____				

## Inventory & Stock Breakdown

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<b>Inventory &amp; Stock Breakdown</b>	
Value of Finished Beer/Wines/Spirit (Ready for Shipping)	
Value of Stock in Process	
Value of Estate or Rare Stock	
Value of Vintage, Rare	
Value of Bar or Cellar Stock	
Other: _____	
Other: _____	
Sub Total 2 (Stock Limit)	
Sub Total 1 (Building, Contents & Equip)	
Grand Total	

## Structural Detail Form

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Winery Name: \_\_\_\_\_ Building Name: \_\_\_\_\_

1. Year Built: \_\_\_\_\_ Renovated? Yes No If yes, describe: \_\_\_\_\_
2. Construction of walls: Steel Steel/ concrete Concrete block Frame  
Log Mixed (frame/masonry)
3. Exterior Finish: Wood Masonry Brick Veneer Metal Clad Siding  
Log Siding Other: \_\_\_\_\_
4. Winterized: Yes No
5. Roof: Style: Flat Peak Mansard Other: \_\_\_\_\_  
Construction: Wood Steel Concrete Other: \_\_\_\_\_  
Covering: Shingles Steel Asphalt Other: \_\_\_\_\_  
Replaced: Yes No If yes, what year? \_\_\_\_\_
6. Floor grade: Concrete Wood Second & above: \_\_\_\_\_
7. Area (sq ft) Bsmt: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_ Decks: \_\_\_\_\_
8. Electrical: Fused Circuit Breakers Installed or Updated when? \_\_\_\_\_
9. Heating: Oil Natural Gas Electric Forced Air Hot Water  
Boiler Propane Steam Woodstove Fireplaces
10. Plumbing: Updated? Yes No If yes, what year? \_\_\_\_\_ Partial or Full Update?
11. Distance to nearest Fire Hydrant: \_\_\_\_\_ ft. Municipal: Yes No
12. Distance to nearest Dry Fire Hydrant \_\_\_\_\_ ft. Distance to Private Fire Hydrant: \_\_\_\_\_ ft.
13. Distance to nearest Fire Hall: \_\_\_\_\_ kms Volunteer or Paid
14. Sprinkles System: Full Partial If Partial \_\_\_\_\_% Centrally Monitored Yes No
15. Fire Protection System: Smoke Detectors Heat Doctors Centrally Monitored Yes No
16. Burglar Alarm System: Yes No Centrally Monitored Yes No
17. Alarm Monitoring Company Name: \_\_\_\_\_
18. Is there a deep fat fryer in this building? Yes No  
If Yes, is there: Automatic wet fire suppression for each deep fat fryer? Yes No  
Semi-annual maintenance contract for each unit? Yes No  
A Class K portable extinguisher as back-up? Yes No
19. Is Back-up/ Emergency power available? Yes No

**Maintenance Building:**

Construction: \_\_\_\_\_ Roof: \_\_\_\_\_ Fire/Burglar Alarm: Yes No

**Storage/ Other Buildings**

Construction: \_\_\_\_\_ Roof: \_\_\_\_\_ Fire/Burglar Alarm: Yes No

Construction: \_\_\_\_\_ Roof: \_\_\_\_\_ Fire/Burglar Alarm: Yes No

**Liability Supplement**

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Winery Name: \_\_\_\_\_

1. Name the Winery Liquor License is in: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 2. Have you ever had your liquor license suspended or cancelled?                 | YES | NO |
| 3. Have you ever been cited for liquor violations?                               | YES | NO |
| 4. Are all servers certified (Smart Serve, SIR, pro Serve, SIA)                  | YES | NO |
| 5. Are any operations involving liquor or food contracted out?                   | YES | NO |
| 6. Is a manager on staff and onsite at all times when liquor is being served?    | YES | NO |
| 7. Do servers attempt to determine if customers are intoxicated?                 | YES | NO |
| 8. Is a designated driver program in use and promoted by servers?                | YES | NO |
| 9. Is Taxi Services available from the Winery?                                   | YES | NO |
| 10. Do all event sponsors sign written contracts including indemnity and waiver? | YES | NO |
| 11. Does the winery require all sub-contractors to carry liability insurance?    | YES | NO |
| 12. Does the winery have fuel storage tanks?                                     | YES | NO |
| 13. Are there any crops at this winery not included in this application?         | YES | NO |
| 14. Has the winery experience any Product Recalls in the past?                   | YES | NO |
| 15. Are there any chemicals stored on site?? Is yes, please summarize below.     | YES | NO |

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## Declarations:

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- The information in this application is true and correct and I/we have not withheld any relevant information.
- I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

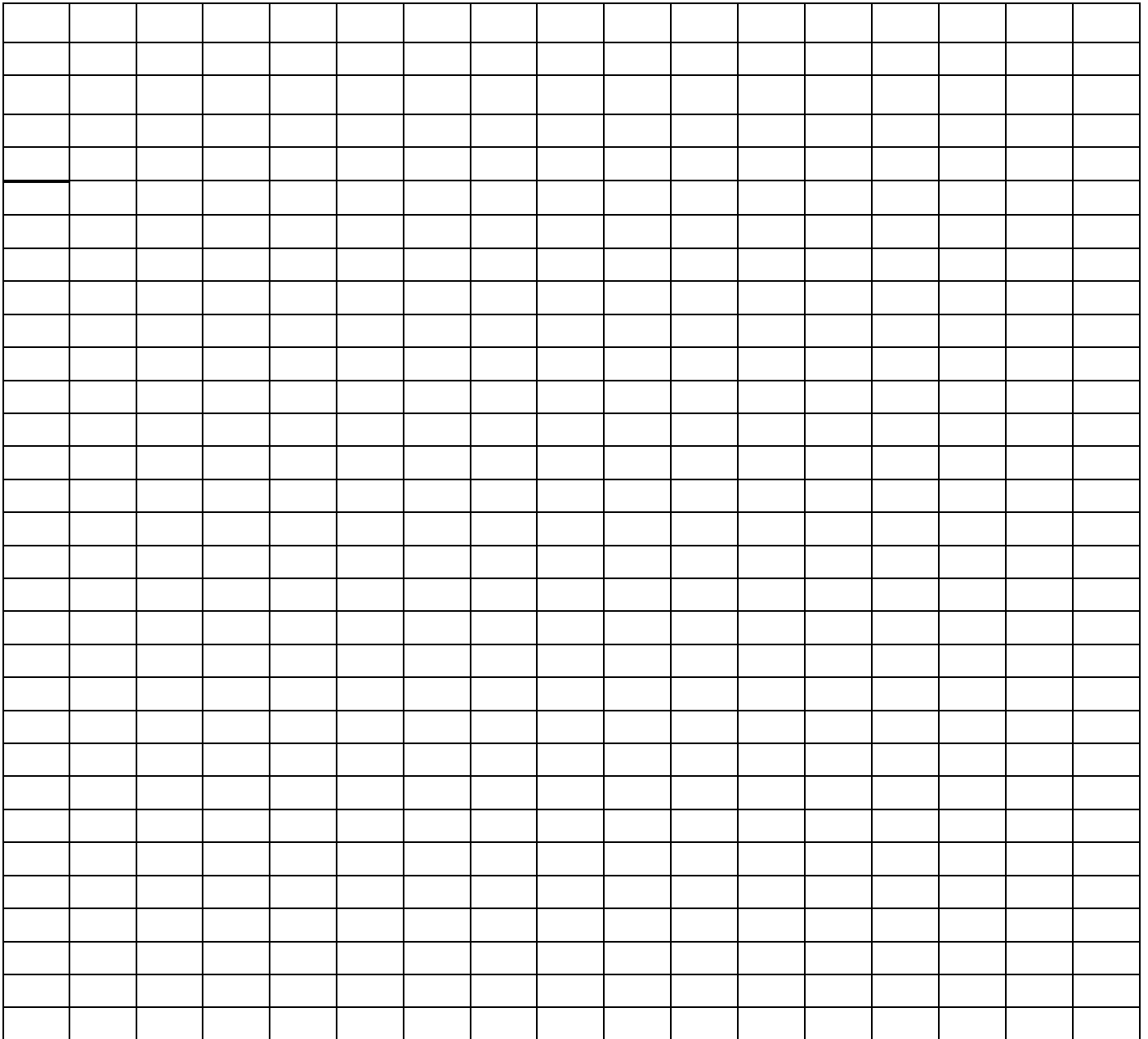
Signature of Broker: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

## Site Plan

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Please provide a site plan of all buildings and a map of the vineyard indicating location of each crop.

All distances between buildings (in feet) required and must be clearly marked on this site plan. If using Google Maps please indicate all distances between buildings.