

## **Berkley Cellars Supplement**

**Applicant:**

Date:

Years of experience management has in the industry:

#### Other Locations Incl. Vineyards, Farms, Orchards, Warehousing:

#### Other winery ancillary operations:

Restaurant	Catering	Gift Shop
Hotel/Motel/Bed & Breakfast	Other (describe):	

Total sales from all operations: \$

**a. Total sales from wine manufacturing:**

Still: \$ Sparkling: \$

Of your wine sales:

What portion is sold to distributors? \$

What portion is sold through your store, tasting area, or through the internet? \$

What portion is sold through your restaurant? \$

**b. Total sales from your restaurant (including all beer, wine, and liquor): \$**

Of your restaurant sales:

How much is beer, wine, or liquor not manufactured by you? \$

How much is derived from off premises catering? \$

c. Total sales, including wine, from your gift shop: \$

d. Total sales from your hotel/motel/bed & breakfast: \$

e. Total sales from other operations/events (break down by type): \$

Number of gallons of wine produced last year? Still Sparkling

### Property:

1. Do operations include fields and harvesting? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain operations including acres harvested:

**2.** Is mobile equipment stored inside when not in use?      Yes      No

**3.** Are batteries disconnected when not in use?      Yes      No

**4.** Does electrical equipment have ground fault interruption?      Yes      No

**5.** Are premises sprinklered?      Yes      No

**6.** Are contamination precautions practiced daily?      Yes      No

**7.** Describe precautions taken to mitigate contamination:

**8.** Is a contingency plan in place if crushing breakdown occurs?      Yes      No

**9.** What is the maximum value at risk during crushing/fermenting/bottling periods?

**10.** Do you do custom crush or wine manufacturing for others?      Yes      No  
 If yes, explain:

**11.** Any prior leakage losses?      Yes      No  
 If yes, explain:

**12.** What is the average price of a bottle of wine?      Retail: \$      Wholesale: \$

**13.** Replacement Cost of all wine barrels: \$  
 # French Oak      # American Oak      Total # of barrels

**14.** Identify and provide value for any critical or hard to replace equipment:

**15.** Do you store wine for others?      Yes      No  
 If so, are you responsible for insuring it?      Yes      No

**16.** What is the replacement cost of your most expensive piece of production equipment?  
 \$

**Liability**

**17.** Tours conducted?      Yes      No  
 If so, tour guests escorted?      Yes      No

**18.** Do you use contractors to apply pesticides/herbicides/fertilizers?      Yes      No  
 If so, specify:

**19.** Chemicals on premises, identify type and amount:

- a. Chemical tanks properly secured?      Yes      No
- b. Identification and separation of non-compatible chemicals      Yes      No
- c. Enclosed piping transfer of chemicals conducted?      Yes      No

**20.** Do you utilize labor contractors?      Yes      No

**21.** Are Certificates of Insurance, contracts with hold harmless agreements and additional insured status, required from all vendors and contractors?      Yes      No

**Attach a copy of typical contract.**

**22.** Is sampling conducted?      Yes      No

**23.** Are guests limited to a certain number of servings at tastings?      Yes      No

**24.** Special events on your premises this past year?      Yes      No

If yes, specify the number of

Weddings	Art Shows	Festivals	Concerts
Benefits	Meetings	Auctions	Dinners
Theater Performances	Cooking Classes	Other (please describe):	

**25.** Events sponsored by you away from your premises last year?      Yes      No

If yes, describe type and number:

**26.** Is hunting, sledding, snowmobiling, skating permitted on your premises?

Yes      No

**27.** Grapes/fruit/juice received from others?      Yes      No

Describe precautions used to insure grapes/fruit/juice quality:

**28.** Internet sales?      Yes      No

**29.** Labeling of other's wine products?      Yes      No

If you import products please describe:

**30.** If you have foreign sales, identify sales by country:

**Automobile**

**31.** Any delivery beyond 200 miles?      Yes      No

**32.** Are vans used to transport workers or visitors?      Yes      No

If yes, provide the seating capacity and describe use:

**33.** Do you own any unregistered vehicles, ATVs, or snowmobiles?      Yes      No

**Applicant Signature:**

**Title:**

**I certify that the information provided in this application is true and correct to the best of my knowledge.**

This Supplemental Application is an addendum to the standard ACORD® Commercial Insurance Application. All notices, statements, and representations contained in such ACORD® Commercial Insurance Application apply equally to this Supplemental Application and are hereby incorporated into this Supplemental Application by reference.