

Signature Wine Application Form

Revenues - Annual Gross Revenues

Sales - Wholesale	\$
Sales - Sold & Consumed Onsite	\$
Sales - Sold & Consumed Offsite	\$
Sales - Direct to Bars & Restaurants	\$
Sales - Exports Outside the U.S.	\$
Sales - Exports Outside North America	\$
Banquet/Wedding Rentals	\$
Food Operations	\$
Sales (Other):	\$

Total Revenues \$

Application continued on the next page.

Signature Wine Property Schedule

Building & Equipment Details	Size (sq ft)	Value	Contents & Equipment	Total Limit
Main Building				
Storage Building				
Maintenance Building				
Winemaking Equipment	N/A		N/A	
Dwelling				
Mobile Agricultural Equipment	N/A		N/A	
Outdoor Storage Tanks	N/A		N/A	
Underground Storage Tanks & Caverns	N/A		N/A	
Trellis Valuation (feet of trellis x \$ per foot)	N/A		N/A	
Electronic Data Processing Equipment (EDP)	N/A		N/A	
Signs (Free Standing)	N/A		N/A	
Other:				
SUB TOTAL 1		\$	\$	\$

Inventory & Stock Breakdown	Limit	
Finished Wines (Ready for Shipping & Export)		
Wines in Process		
Estate Wines		
Vintage, Rare and Cellared Wines		
Bar/Cellar Stock		
Other:		
Other:		
SUB TOTAL 2		\$
SUB TOTAL 1		\$
GRAND TOTAL		\$

Signature Wine Structural Detail Form - Main Building

(Required for all buildings)

Winery Name:

Building Name:

1. Year Built: Renovated? If Yes, describe:
2. Construction of Walls: 3. Exterior Finish:
4. Winterized:
5. Roof: Style:
Construction:
Covering:
Replaced: If Yes, what year?
6. Electrical: 7. Heating:
8. Plumbing Age: years Updated? If Yes, what year?
9. Distance to nearest Fire Hydrant: ft. Municipal:
10. Distance to nearest Dry Fire Hydrant: ft. Distance to Private Fire Hydrant: ft.
11. Distance to nearest Fire Station: miles.
12. Sprinkler System: If partial % Centrally Monitored?
13. Fire Protection System: Centrally Monitored?
14. Burglar Alarm System: Centrally Monitored?
15. Alarm Monitoring Company Name:
16. Is there a deep fat fryer in this building?
If Yes, is there: Automatic wet fire suppression for each deep fat fryer?
Semi-annual maintenance contract for each unit?
A Class K portable extinguisher as back-up?
17. Is Back-up/Emergency Power available?

Maintenance Building

Construction: Roof: Alarmed: Centrally Monitored:

Storage/Other Buildings

Construction: Roof: Alarmed: Centrally Monitored:

Construction: Roof: Alarmed: Centrally Monitored:

Signature Wine Liability Supplement

Winery Name:

1. Name the Winery Liquor License is in:
2. Have you ever had your Liquor License suspended or cancelled?
3. Have you ever been cited for any Liquor Violations?
4. Are all servers certified in Alcohol Serving? (TIPS, ABCA, etc.)
5. Are any of the operations involving Liquor or Food contracted out?
6. Is a Manager on staff and onsite at all times when liquor is being served?
7. Do Servers attempt to determine if Patrons will be driving after leaving the Winery?
8. Is a Designated Driver Program in use and promoted by Servers?
9. Is Taxi Service available to and from the Winery?
10. Do all Event Sponsors sign Written Contracts including Indemnity and Waiver clauses?
(i.e. Tasting Events, Weddings, Banquets, etc.)
11. Does the Winery require all Independent contractors to carry Liability Insurance?
(i.e. Snow Removal Contractor, Grape Growers, etc.)
12. Does the Vineyard have Fuel Storage Tanks? If Yes, please complete the chart below.
13. Are there any other crops located at the Vineyard not included on this Application?
14. Has the winery ever experienced any Product Recalls?
15. Please list the **Type**, **Quantity** and **Location** of all **Chemicals** that are stored on premises:

Type:	Quantity:	Location:
Type:	Quantity:	Location:

16. Fuel Storage Tank Information

	Above Ground or Below Grade	Steel or Fiberglass	Product Stored	Capacity (gallons)	Year Installed	Double Lined	Vehicle Impact Barriers	Dyke for Spill Containment
1								
2								

Signature Wine Application Form

Claims History - Please describe Any and All Claims or Law Suits that you have had within the last FIVE (5) years.

- At the time of signing this Application there have been no reported losses in the last 5 years.
- At the time of signing this Application there are no known losses or circumstances which may give rise to a claim.

1. Date: _____ Type: _____
Reserve: _____ Amount Paid: _____
Description: _____
Loss Prevention Measures: _____

2. Date: _____ Type: _____
Reserve: _____ Amount Paid: _____
Description: _____
Loss Prevention Measures: _____

Declarations

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.

Name of Applicant: _____

Position: _____

Signature of Applicant: _____

Date: _____

Please submit this completed Application to:

applications@sigspecialty.com