

WINERY SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Insured Name: _____ Federal ID #: _____
 Application/Policy# _____ Effective Date: _____ Website: _____
 Agency: _____ Contact: _____

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	2142	0040	8060	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Year</u>	_____	_____	_____	_____	_____
<u>2nd Prior Year</u>	_____	_____	_____	_____	_____
<u>3rd Prior Year</u>	_____	_____	_____	_____	_____
<u>4th Prior Year</u>	_____	_____	_____	_____	_____

Loss Experience

If not insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Locations of Employee Activity

(indicate city and zip code for each location where employees work)
 Please indicate on separate paper if more than two locations exist. Vineyard locations can be aggregated within a single AVA. Peak season for winery operation entails crush and/or bottling periods.

	<u>Location</u>	<u>Zip</u>	<u>#Employees</u>			<u>Owned</u>
			<u>Peak</u>	<u>Off-Season</u>	<u>Vine Acreage</u>	
Winery:	_____	_____	_____	_____	_____	N/A
	_____	_____	_____	_____	_____	N/A
Tasting Room:	_____	_____	_____	_____	_____	N/A
	_____	_____	_____	_____	_____	N/A
			<u>Harvest</u>	<u>Pruning</u>	<u>Other</u>	
Owned Vineyards:	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Is lodging provided for regular/seasonal employees? Yes No If yes, indicate number: _____

Other employee activities (e.g., olive orchard, etc.): _____

Any pesticides used? Yes No If yes, which ones? _____

Operational Information

- Permanent bottling line on premises? Yes No Bottling done for other vintners? Yes No
- Bottling done by employees? Yes No Custom crush for other vintners? Yes No
 Number of cases produced in most recent year: _____ Rough average cost per 500ml bottle: _____
 Red still wine: _____
 White still wine: _____
 Sparkling wine: _____
- Is a full line of wines produced? Yes No
- If a specialist, in what varietals? _____
- Does insured buy bulk juice or wine from other producers for blending? Yes No
- If insured's employees are involved in harvesting, indicate percentage mechanically harvested: _____ %

7. Is any percentage of 8060 payroll for bulk storage/distribution of wines? Yes No If yes, what %? _____%
8. Are there any non-incident transportation exposures involved in the operation? Yes No
 If so, describe: _____
9. Does the insured participate in the H2A Agricultural Program? Yes No

General Information

1. Number of W2's filed for latest reporting year _____
 Number of employees: Increasing _____ Decreasing _____ Stable _____
 Mean wages: Winery: \$ _____/hr. Store: \$ _____/hr. Vineyard: \$ _____/hr.
2. How many independent contractors are used? _____
 How many 1099 forms are issued to individuals? _____
 How many 1099 forms are issued to companies/organizations? _____
 If there are independent contractors, what kind of work do they perform? _____
 Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
3. Group Medical provided: Yes No Name of Group Health Provider _____
 % of employees participating _____ % of employer contribution _____
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
4. Safety Program: Yes No
 Safety meetings held for all employees: Yes No
 Personal protective safety equipment provided: Yes No
 Accident investigation program in place Yes No
5. Hiring Practices
 Application: Yes No
 Check References: Yes No
6. Pre-employment physical: Yes No
7. Drug Screening Program/Random Drug Testing Yes No
8. Does insured offer modified work: Yes No
 If yes, provide details _____
9. Loss Control Incentive Program: Yes No
10. For non-incident transportation exposures:
 Radius of Operations _____
 #Vehicles _____ (comm'l) _____ (private passenger) Group Transportation Provided Yes No
 Details of use, include specifics as to delivery exposures _____
- MVR's check Yes No
 If yes, please provide details as to procedures in place _____
- Is there a disciplinary/termination rule in place based on driving record? Yes No
 If yes, describe how this is implemented _____
11. Is there any out-of-state travel? Yes No If yes, who travels? _____
 Where do they travel? _____ How long do they travel for? _____
12. Does applicant own, operate or lease aircraft? Yes No
 If yes, provide details _____

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

- | | |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Non Participating Plan _____ Participating _____ Program _____ Program Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____