



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.

Table with columns for Class (2142, 0040, 8060) and rows for YEAR (Current, 1st Prior Year, 2nd Prior Year, 3rd Prior Year, 4th Prior Year)

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.

Table with columns for Location, Zip, #Employees (Peak, Off-Season), and Owned Vine Acreage. Rows include Winery, Tasting Room, and 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

- 1. Permanent bottling line on premises? Bottling done for other vintners?
2. Bottling done by employees? Custom crush for other vintners?
3. Is a full line of wines produced?
4. If a specialist, in what varietals?
5. Does insured buy bulk juice or wine from other producers for blending?
6. 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 _____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.