

WINERY SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Is lodging provided for regular/seasonal employees? Yes No If yes, indicate number:	Insured Name:					Federal ID #	# :
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 YEAR Current 1" Prior Year 2" Prior Year 3" Prior Year 4" Prior Year 5" Prior Year 5" Prior Year 5" Prior Year 4" Prior Year 5" Prior Year 6" Prior Year 6" Prior Year 6" Prior Year 6" Prior Year 7" Prior Year 8" Prior Year 9" Prio	Application/Policy#		Effective Date:		Webs	ite:	
Class: 2142 0040 8060 YEAR Current I**Prior Year 2**Prior Year 3**Prior Year 4**Prior Year If not insured by Republic Indemnity for the latest 3-year term, please attach currently valued loss runs for any of thos 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 withit a single AVA. Peak season for winery operation entails crush and/or bottling periods. #Employees Owned Winery: #Employees Owned Wine Acreage N/A N/A N/A N/A N/A Harvest Pruning Other 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? Yes No South or other vintners? Yes No Number of cases produced in most recent year: Red still wine: White still wine: White still wine: Sparkling wine: Sparkling wine: Sparkling wine: Sparkling wine from other producers for blending? Yes No Does insured buy bulk juice or wine from other producers for blending? Yes No	Agency:				Conta	ct:	
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	Is any percentage of 8060 payroll for bulk storage/distribution of wines? Yes No If yes, what %?% Are there any non-incidental transportation exposures involved in the operation? Yes No
ο.	If so, describe:
9.	Does the insured participate in the H2A Agricultural Program? Yes No
	eneral Information
1.	Number of W2's filed for latest reporting year
	Number of W2's filed for latest reporting year Number of employees: Increasing Decreasing Stable Mean wages: Winery: \$ /hr. Store: \$ /hr. Vineyard: \$ /hr.
•	Mean wages: Winery: \$/hr. Store: \$/hr. Vineyard: \$/hr.
Z.	How many independent contractors are used? How many 1099 forms are issued to individuals?
	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
6	Check References: Yes No
	Pre-employment physical: Yes No Drug Screening Program/Random Drug Testing Yes No
	Does insured offer modified work: Yes No
0.	If yes, provide details
	25 yes, provide details
9.	Loss Control Incentive Program: Yes No
). For non-incidental 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
	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? How long do they travel for?
1 2	where do they travel? How long do they travel for?
12	2. Does applicant own, operate or lease aircraft? Yes No If yes, provide details
	1) yes, provide delatis

Application/Policy # _____

		Application/Policy #							
Location (s) – Please complete	e for all locat	tions of bus	siness operat	ions:					
<u> </u>	# 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, ple	ease contin	ue on sepa	rate sheet.						
*Types of Building Construction that close Wood Frame, including masonry veneer Unreinforced masonry Reinforced masonry Mobile home	ely matches the de Tilt-up concrete Reinforced conc Light gauge stee Protected structu	rete el frame	ding that Insured o	occupies.					
Policy Specifications Non Participating Plan Commission %	Participating Direct Bill		Program Agency Bill		ne:				

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.

Producer Authorized Signature ______ Date_____