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WINERY WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Email Completed App to info@winstarins.com.

Winery Name:

EIN #:

Total Payroll (Broken Out by # of Employees & Job Duty):

Ownership % Breakdown (Include?/Exclude?):

WINERY

1. What are the size of the tanks?
2. Does the risk clean and maintain their tanks?
3. Does the insured have a confined space program in place?- Please provide details.
4. Is an oxygen wand used inside confined space?
5. Does the ventilation system meet OSHA requirements?
6. Does the equipment include proper guarding?
7. Does all equipment include safety posting notices?
8. Confirm all forklift drivers are certified.
9. Any bottling by the insured, if yes, portable or permanent? If portable does the risk bottle wine for others off-premise?
10. Does the winery conduct pre-season training safety in operating equipment?

VINEYARD:

1. Confirm the risk is not a farm labor contractor or manages farms for other?
2. Does the risk own an aircraft and or conduct aerial crop dusting?
3. Is the harvesting conducted by insured if so how is it processed; manual labor or mechanically?
4. Does the risk haul crops for others?
5. Is group transportation (> four employees in one vehicle) provided?
6. Does the risk provide housing, if so how many employees?
7. Does risk own vehicles with more than 8 passenger seats?
8. Does the risk own and operate any quads, 2 or 3 wheel powered vehicles? If so describe.
9. Does the risk have any table grapes acreage?
10. Describe the controls in place for heat exposures.
11. Does the harvester have proper safe guards?
12. Please confirm the payroll for vineyard employees: