



EMPLOYERS

America's small business insurance specialist.®

BREWERY WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Email Completed App to info@winstarins.com.

Brewery Name:

EIN #:

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

Ownership % Breakdown (Include?/Exclude?):

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 beer for others off-premise?
10. Does the microbrewery have a policy against checking on the contents of a brewing vat before it's cooled?
11. If and when contents are checked, are employees required to wear PPE (i.e. apron, gloves, boots, face shield, etc.)?