



**EMPLOYERS'**

*America's small business insurance specialist.®*

## WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

*Email Completed App to [info@winstarins.com](mailto:info@winstarins.com).*

**Business Name:**

**EIN #:**

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

**Ownership % Breakdown (Include?/Exclude?):**

**Distilleries Only:**

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 liquor for others off-premise?
10. Does the distillery have a policy against checking on the contents of a 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.)?