



**U.S. Department Labor
Employment and Training Administration**

OMB Control No. 1205-0134
Expiration Date: December 31, 2018

**Agricultural and Food Processing Clearance Order ETA Form 790
Orden de Empleo para Obreros/Trabajadores Agrícolas y Procesamiento de Alimentos**

(Print or type in each field block – To include additional information, go to block # 28 – Please follow Step-By-Step Instructions)
(Favor de usar letra de molde en la solicitud – Para incluir información adicional vea el punto # 28 – Favor de seguir las instrucciones paso-a-paso)

<p>1. Employer's and/or Agent's Name and Address (Number, Street, City, State and Zip Code / Nombre y Dirección del Empleador/Patrón y/o Agente (Número, Calle, Ciudad, Estado y Código Postal):</p> <p>Forking Paths Vineyards Inc. and Associates 400 Barracks Road, Geneva, NY 14456 Agent: Christopher Verrill, Operations Manager 1565 Combs Road, Ovid, NY 14521</p> <p>a) Federal Employer Identification Number (FEIN) / Número federal de Identificación del Empleador: 03-0425141</p> <p>b) Telephone Number / Número de Teléfono: 607-280-6050</p> <p>c) Fax Number / Número de Fax: 607-869-9901</p> <p>d) E-mail Address / Dirección de Correo Electrónico: cverrill@rochester.rr.com</p>	<p style="text-align: center;">Nos. 4 through 8 for STATE USE ONLY Números 4 a 8 para USO ESTATAL</p> <table border="1"> <tr> <td data-bbox="808 399 1193 619"> <p>4. SOC (O*NET/OES) Occupational Code / Código Industrial: 45209202</p> <p>a. SOC (ONET/OES) Occupational Title / Título Ocupacional Farmworkers & Laborers CROP</p> </td> <td data-bbox="1193 399 1572 619"> <p>5. Job Order No. / Num. de Orden de Empleo: NY1189156</p> </td> </tr> <tr> <td colspan="2" data-bbox="808 619 1572 913"> <p>6. Address of Order Holding Office (include Telephone number) / Dirección de la Oficina donde se radico la oferta (incluya el número de teléfono): 877-466-9757</p> <p>a. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya el número de teléfono de su línea directa). 877-466-9757</p> </td> </tr> <tr> <td colspan="2" data-bbox="808 913 1572 997"> <p>7. Clearance Order Issue Date / Fecha de Emisión de la Orden de Empleo: 11/15/2016</p> </td> </tr> <tr> <td colspan="2" data-bbox="808 997 1572 1102"> <p>8. Job Order Expiration Date / Fecha de Vencimiento o Expiración de la Orden de Empleo: 6/17/2017</p> </td> </tr> </table>	<p>4. SOC (O*NET/OES) Occupational Code / Código Industrial: 45209202</p> <p>a. SOC (ONET/OES) Occupational Title / Título Ocupacional Farmworkers & Laborers CROP</p>	<p>5. Job Order No. / Num. de Orden de Empleo: NY1189156</p>	<p>6. Address of Order Holding Office (include Telephone number) / Dirección de la Oficina donde se radico la oferta (incluya el número de teléfono): 877-466-9757</p> <p>a. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya el número de teléfono de su línea directa). 877-466-9757</p>		<p>7. Clearance Order Issue Date / Fecha de Emisión de la Orden de Empleo: 11/15/2016</p>		<p>8. Job Order Expiration Date / Fecha de Vencimiento o Expiración de la Orden de Empleo: 6/17/2017</p>		
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<p>2. Address and Directions to Work Site / Domicilio y Direcciones al lugar de trabajo:</p> <p>Association Application, please see attachments for association member information and work site locations</p>	<p>9. Anticipated Period of Employment / Periodo anticipado o previsto de Empleo: From / Desde: 01/16/2017 To / Hasta: 11/17/2017</p> <p>10. Number of Workers Requested / Número de Trabajadores Solicitados: 21</p>									
<p>3. Address and Directions to Housing / Domicilio y Direcciones al lugar de vivienda:</p> <p>1) 74 Seneca Street, Dresden, NY 14441 2) 80 Seneca Street, Dresden, NY 14441</p> <p>a) Description of Housing / Descripción de la vivienda:</p> <p>1) Wood frame house with a certified capacity of 23 2) Wood frame house with a certified capacity of 6</p>	<p>11. Anticipated Hours of Work per Week / Horas Anticipadas/Previstas de Trabajo por Semana. Total: 48</p> <table border="0"> <tr> <td>Sunday / Domingo <u>0</u></td> <td>Thursday /Jueves <u>8</u></td> <td rowspan="4" style="vertical-align: middle; text-align: right;"><i>rc</i> 11/15/14</td> </tr> <tr> <td>Monday / Lunes <u>8</u></td> <td>Friday /Viernes <u>8</u></td> </tr> <tr> <td>Tuesday / Martes <u>8</u></td> <td>Saturday / Sábado <u>8</u></td> </tr> <tr> <td>Wednesday / Miércoles <u>8</u></td> <td></td> </tr> </table> <p>12. Anticipated range of hours for different seasonal activities: / Rango previsto de horas par alas diferentes actividades de la temporada: 48</p> <p>13. Collect Calls Accepted from: / Aceptan Llamadas por Cobrar de:</p> <p>Employer / Empleador: Yes / Si <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	Sunday / Domingo <u>0</u>	Thursday /Jueves <u>8</u>	<i>rc</i> 11/15/14	Monday / Lunes <u>8</u>	Friday /Viernes <u>8</u>	Tuesday / Martes <u>8</u>	Saturday / Sábado <u>8</u>	Wednesday / Miércoles <u>8</u>	
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Wednesday / Miércoles <u>8</u>										

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14. Describe how the employer intends to provide either 3 meals a day to each worker or furnish free and convenient cooking and kitchen facilities for workers to prepare meals / Describa cómo el empleador tiene la intención de ofrecer, ya sea 3 comidas al día a cada trabajador, o proporcionar gratuitamente instalaciones para cocinar.

Employer will not provide 3 meals per day and will not deduct meal costs daily

Employer will furnish free dishes, utensils, and convenient kitchen and cooking facilities

Employer will provide transportation to ensure workers access to stores where they can purchase groceries and other incidentals, and or other medical necessities

15. Referral Instructions and Hiring Information / Instrucciones sobre cómo Referir Candidatos/Solicitantes - (Explain how applicants are to be hired or referred, and the Employer's/Agent's available hour to interview workers / Explique cómo los candidatos serán contratados o referidos, y las horas disponibles del empleador/agente para entrevistar a los trabajadores). See instructions for more details / Vea las instrucciones para más detalles.

Contact the employer either directly during normal office hours Monday - Friday between the hours of 8am and 4:30pm or through the nearest One Stop Office
Employer contact: Chris Verrill 607-280-6050

16. Job description and requirements / Descripción y requisitos del trabajo:

Manually plant, cultivate, care for, and harvest grapes. Use hand tools, such as, but not limited to: trowels, hoes, pick irons, hammers, pry bars, wire tighteners shovels, pick axes, tampers, pruning shears, loppers, and picking shears. Duties include tilling soil, spreading fertilizer, planting, transplanting, weeding, pruning, thinning crops, moving catch wires, hedging, installation and removal of bird/animal deterrents such as netting, seeding cover crops, applying mulch/compost, leaf removal, applying fertilizers, herbicides, and pesticides, operation of power equipment such as chain saws, trimmers, hedgers, power washers, operation and maintenance of tractors and tractor pulled equipment used in the day to day vineyard operation, picking, sorting, loading harvested product, construct and maintain trellises, fences, machinery, equipment, buildings, landscaping, drainage systems and ditches, irrigation systems, hand harvest and load harvested fruit. Workers are expected to work at least the number of hours and days specifies in this order. Depending on weather, crop, or other conditions, workers may be asked, but not required, to work up to 12 hours per day, 7 days per week including Sunday or the Sabbath. The employer will furnish to the worker all tools and equipment needed to complete the assigned tasks and duties at no cost to the worker. The worker must report to work wearing suitable and appropriate clothing for the tasks and duties assigned as well as for current and anticipated weather conditions. Field temperatures can range from below 0(F) to above 90(F) with the possibility of sun, clouds, wind, rain, sleet, freezing rain, and snow. Workers referred to this order must have a minimum of 3 months of agricultural (Farming) experience preferably in a vineyard

1. Is previous work experience preferred? / Se prefiere previa experiencia? Yes / Si No If yes, number of months preferred: / Si es asi, numero de meses de experiencia: 3 months

Agricultural (Farming) experience

2. Check all requirements that apply:

- | | |
|---|--|
| <input type="checkbox"/> Certification/License Requirements / Certificación/Licencia Requisitos | <input type="checkbox"/> Criminal Background Check / Verificación de antecedentes penales |
| <input type="checkbox"/> Driver Requirements / Requisitos del conductor | <input type="checkbox"/> Drug Screen / Detección de Drogas |
| <input checked="" type="checkbox"/> Employer Will Train / Empleador entrenará o adiestrará | <input checked="" type="checkbox"/> Extensive Pushing and Pulling / Empujar y Jalar Extensamente |
| <input type="checkbox"/> Extensive Sitting / Estar sentado largos ratos | <input checked="" type="checkbox"/> Extensive Walking / Caminar por largos ratos |
| <input checked="" type="checkbox"/> Exposure to Extreme Temp. / Expuesto a Temperaturas Extremas | <input checked="" type="checkbox"/> Frequent Stooping / Inclinandose o agachándose con frecuencia |
| <input checked="" type="checkbox"/> Lifting requirement / Levantar o Cargar <u>40</u> lbs./libras | <input checked="" type="checkbox"/> OT/Holiday is not mandatory / Horas Extras (sobre tiempo) / Días Feriados no obligatorio |
| <input checked="" type="checkbox"/> Repetitive Movements / Movimientos repetitivos | |

17. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)							
Crop Activities	Hourly Wage	Piece Rate / Unit(s)	Special Pay (bonus, etc.)	Deductions*	Yes/Si	No	Pay Period / Periodo de Pago
Cultivos	Salario por Hora	Pago por Pieza / Unidad(es)	Pagos Especiales (Bono, etc.)	Deducciones	X		/ /
Vineyard Worker	\$ 11.74 or AEWR	\$ NA	NA	Social Security / Seguro Social	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly / Semanal
Trabego de vinndo	\$ 11.74 or AEWR	\$ NA	NA	Federal Tax / Impuestos Federales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	\$	\$		State Tax /Impuestos Estatales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bi-weekly/ Quincenal
	\$	\$		Meals / Comidas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	\$	\$		Other (specify) / Otro (especifica)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly/Mensual
							Other/Otro
							<input type="checkbox"/>

18. More Details About the Pay / Mas Detalles Sobre el Pago:

Employer will pay the worker an hourly wage rate equal to AEWR (currently \$11.74) Based on a 48 hour work agreement, the employer will pay the worker \$563.62 per week. The pay period/work week runs from Saturday through Friday. The employer will pay the worker on the Friday following the completion of the previous pay period/work week. All applicable State and Federal Taxes, as well as any additional monies, will be withheld from the workers pay check as required by law. Workers may request additional withholdings if desired. All hours offered and worked above the 48 hour base agreement will be paid at the AEWR, currently \$11.74 per hour.

19. Transportation Arrangements / Arreglos de Transportación

The employer agrees to reimburse all transportation and subsistence expenses (currently \$12.09 per day without a receipt, or up to \$51.00 per day with receipts) to each worker, government agency, or private organization, which on behalf of the worker has paid or advanced such transportation or subsistence from the place from which the worker has come to work for the employer, weather in the US or abroad, to the place of employment after the worker has completed 50% of the stipulated period of employment from the stated date of need, or from the day after the actual day of arrival of the worker if that date is after the stated date of need. The employer will provide or pay the cost of the return transportation and subsistence to each worker who completes the employment period, or who is terminated for medical reasons, or as the result of fire, weather, or Acts of God, as determined by the Certifying Officer, from the place of employment to the place of recruitment, except if the worker is not returning to their place of recruitment and has subsequent employment with another employer who will bear the workers transportation and subsistence expenses for their return to their place of recruitment. In this case the employer will pay transportation and subsistence to the next job.

20. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? / ¿Es la práctica habitual usar Contratistas de Trabajo Agrícola para reclutar, supervisar, transportar, dar vivienda, y/o pagarle a los trabajadores para este(os) tipo(s) de cosecha(s)? Yes / Si No

If you have checked yes, what is the FLC wage for each activity? / Si contesto "Si," cuál es el salario que le paga al Contratista de Trabajo Agrícola por cada actividad?

21. Are workers covered for Unemployment Insurance? / ¿Se le proporcionan Seguro de Desempleo a los trabajadores? Yes/Si No

22. Are workers covered by workers' compensation? / ¿Se le provee seguro de compensación/indemnización al trabajador: Yes/Si No

23. Are tools, supplies, and equipment provided at no charge to the workers? / ¿Se les proveen herramientas y equipos sin costo alguno a los trabajadores? Yes/Si No

24. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None".) / Enumere todos los acuerdos o convenios hechos con los propietarios del establecimiento o sus agentes para el pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno".)

None

25. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed. (If there are no such incidents, enter "None".) / Enumere toda huelga, paro o interrupción de operaciones de trabajo por parte de los empleados en el lugar de empleo. (Si no hay incidentes de este tipo, indique "Ninguno".)

None

26. Is this job order to be placed in connection with a future Application for Temporary Employment Certification for H-2A workers? / ¿Esta orden de empleo ha sido puesta en conexión con una futura solicitud de certificación de empleo temporal para trabajadores H-2A?

Yes/Sí No

27. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. / Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones del empleo que se le ofrece, y contiene todos los términos y condiciones materiales ofrecidos.

Christopher S Verrill, Operations Manager

Employer's Printed Name & Title / Nombre y Título en Letra de Molde/Imprenta del Empleador



Employer's Signature / Firma y Título del Empleador

10/28/2016

Date / Fecha

READ CAREFULLY. In view of the statutorily established basic function of the Employment Service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Employment and Training Administration (ETA) nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the American Job Center constitute a contractual job offer to which the American Job Center, ETA or a State agency is in any way a party.

LEA CON CUIDADO. En vista de la función básica del Servicio de Empleo establecida por ley, como una entidad de intercambio laboral sin comisiones, es decir, como un foro para reunir a los empleadores y los solicitantes de empleo, ni ETA ni las agencias del estado pueden garantizar la exactitud o veracidad de la información contenida en las órdenes de trabajo sometidas por los empleadores. Ni ninguna orden de trabajo aceptado o contratado en el Centro de Carreras (American Job Center) constituyen una oferta de trabajo contractuales a las que el American Job Center, ETA o un organismo estatal es de ninguna manera una de las partes.

PUBLIC BURDEN STATEMENT

The public reporting burden for responding to ETA Form 790, which is required to obtain or retain benefits (44 USC 3501), is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. The public need not respond to this collection of information unless it displays a currently valid OMB Control Number. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

DECLARACION DE CARGA PÚBLICA

La carga de información pública para responder a la Forma ETA 790, que se requiere para obtener o retener beneficios (44 USC 3501), se estima en aproximadamente 60 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y revisar la colección. El público no tiene por qué responder a esta recopilación de información a menos que muestre un número de control OMB válido. Esta información es pública y no hay ninguna expectativa de confidencialidad. Envíe sus comentarios acerca de esta carga o cualquier otro aspecto de esta colección, incluyendo sugerencias para reducir esta carga, al U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

28. Use this section to provide additional supporting information (including section Box number). Include attachments, if necessary. / Utilice esta sección para proporcionar información adicional de apoyo; incluya el número de la sección e incluya archivos adjuntos, si es necesario.

The following Attachments are included with the ETA 790:

Forking Paths Vineyards Inc. and Associates Agreement for 2017 Calendar Year
Forking Paths Vineyards Inc. and Associates Members EIN#'s
Forking Paths Vineyards Inc. and Associates Members Workers Compensation Policies
Addresses of the farms where the H2-A crew will be employed
Disciplinary Policy and Procedures - English
Disciplinary Policy and Procedures - Spanish
House Rules - English
House Rules - Spanish
Vehicle Rules - English
Vehicle Rules - Spanish

**20 CFR 653.501
Assurances**

INTRASTATE AND INTERSTATE CLEARANCE ORDER

The employer agrees to provide to workers referred through the clearance system the number of hours of work per week cited in Item 11 of the clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 working days prior to the original date of need by so notifying the Order-Holding Office (OHO). If the employer fails to notify the OHO at least 10 working days prior to the original date of need, the employer shall pay eligible workers referred through the intrastate/interstate clearance system the specified hourly rate or pay, or in the absence of a specified hourly rate or pay, the higher of the Federal or State minimum wage rate for the first week starting with the original anticipated date of need. The employer may require workers to perform alternative work if the guarantee is invoked and if such alternative work is stated on the job order.

The employer agrees that no extension of employment beyond the period of employment shown on the job order will relieve the employer from paying the wages already earned, or specified in the job order as a term of employment, providing transportation or paying transportation expenses to the worker's home.

The employer assures that all working conditions comply with applicable Federal and State minimum wage, child labor, social security, health and safety, farm labor contractor registration and other employment-related laws.

The employer agrees to expeditiously notify the OHO or State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over recruitment, or other factors have changed the terms and conditions of employment.

The employer, if acting as a farm labor contractor, has a valid farm labor contractor registration certificate.

The employer assures the availability of no cost or public housing which meets applicable Federal and State standards and which is sufficient to house the specified number of workers requested through the clearance system.

The employer also assures that outreach workers shall have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107.

Employer's Name Christopher S Verrill Date: 10/28/2016

Employer's Signature 

Besides the material terms and conditions of the employment, the employer must agree to these assurances if the job order is to be placed as part of the Agricultural Recruitment System. This assurance statement must be signed by the employer, and it must accompany the ETA Form 790.

**New York State Department of Labor
Form ETA 790 Attachment
Terms and Conditions/Clarifications and Assurances/
Additional Information**

A: CLARIFICATION OF ITEMS ON FORM ETA 790

Item 3: Housing

- a. Housing and utilities are provided at no cost to H-2A workers and those workers in corresponding employment who are unable to return to their place of residence the same day.
- b. Housing beds, bedding, and mattresses will be furnished at no cost to the workers.
- c. Housing will be clean and meet the applicable Federal and State housing standards.
- d. Workers will be responsible for maintaining housing and surrounding areas in a neat, clean manner.

Item 14: Board Arrangements

Employer will will not provide three meals per day and will deduct \$ 0.00 per day.

Employer will will not furnish free dishes, cooking utensils and convenient kitchen and cooking facilities.

Employer will will not provide transportation to assure workers access to stores where they can purchase groceries and/or other incidentals, and/or medical necessities.

Item 16: Job Specifications

- a. Workers must be able to demonstrate that they are physically able to perform the work as described.
- b. The employer will provide 7 days of training and/or allow 7 days of work for worker to reach production standards if applicable.
- c. Production Standards (if applicable): After completion of training or break-in period, employer will expect worker to: NA
- d. Employer may terminate worker with timely notification to the NPC and DHS, if the worker:
 - 1) Refuses, without cause, to perform work for which the worker was recruited and hired;
 - 2) Commits serious acts of misconduct;
 - 3) Fails, after completing any training or break-in period, to reach production standards (if applicable); or
 - 4) Abandons Job ("Job Abandonment") – is absent for five consecutive previously scheduled days without prior notification to employer.

Item 17: Wage Rates, Special Pay Information and Deductions

The employer will offer, advertise in its recruitment, and pay a wage that is the highest of the AEWR, the prevailing hourly wage or piece rate, the agreed upon collective bargaining wage, or the Federal or State minimum wage, except where a special procedure is approved for an occupation or specific class of agricultural employment. Employer assures that if a change in the AEWR requires an increase such increase will be paid as of the effective date of the increase. Also if the AEWR is decreased this will become the wage effective on the date of the decrease.

- a. If piece rate earnings for total hours of work at a piece rate during a pay period do not result in average hourly earnings equal to the guaranteed minimum hourly rate, the worker will receive make-up pay to the guaranteed minimum wage rate.
- b. In New York State, the only deductions that can be taken from worker pay are:
 - 1. Those required by law, such as Social Security, income tax, and garnishment of wages; and
 - 2. Those that benefit workers and are authorized in writing, such as life insurance, or a savings account.

Any other deductions are illegal.

- c. The employer guarantees to offer employment for a minimum of $\frac{3}{4}$ ("three-fourths guarantee") of the hours in the workdays during the period of the contract, and all extensions thereof. This guarantee begins with the first workday after the worker's arrival at the place of employment and ends on the date specified on the job order or extensions thereof. In fire, weather, or Act of God terminations (as determined by the Certifying Officer) the $\frac{3}{4}$ guarantee period ends on the date of termination. The employer must make efforts to transfer the worker to other comparable employment acceptable to the worker, consistent with existing immigration law, as applicable. If such a transfer is not affected, the employer must (1) return the worker, at the employer's expense, to the place from which the worker (disregarding intervening employment) came to work for the employer, or transport the worker to the worker's next certified H-2A employer, whichever the worker prefers; (2) reimburse the worker the full amount of any deductions made from the worker's pay by the employer for transportation and subsistence expenses to the place of employment; and (3) pay the worker for any costs incurred by the worker for transportation and daily subsistence to that employer's place of employment. Daily subsistence must be computed as set forth in paragraph (h) of 655.122. The amount of the transportation payment must not be less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved provide the guarantees in Item 19 (a) below.
- d. Workers will not be required to work more than the number of hours specified in the job order for a workday or on their Sabbath or federal holidays to meet this guarantee. The worker's average hourly earnings will be used under this guarantee where wages are paid on a piece rate basis. Workers who are terminated for cause or who voluntarily abandon their job are not entitled to this guarantee if employer provides timely notification to the NPC and DHS.
- e. On or before each payday the employer will provide to each worker in one or more written statements the following information: (1) the worker's total earnings for the pay period; (2) the worker's hourly rate and/or piece rate of pay; (3) the hours of employment offered to the worker (showing offers in accordance with the $\frac{3}{4}$ guarantee as determined in paragraph (i) of the regulations at 20 CFR sec. 655.122(k), separate from any hours offered over and above the guarantee); (4) the hours actually worked by the worker; (5) an itemization of all deductions made from the worker's wages; (6) if piece rates are used, the units produced daily; (7) beginning and ending dates of the pay period; and (8) the employer's name, address, and FEIN.
- f. Workers with school age children who have migrated with such children and who depart in time to return home for the beginning of the school year shall be paid, in addition to the basic wages, any bonus or other incentive payments or other expenses to which they would be entitled had they stayed the entire job order period.
- g. The employer will provide workers referred through the interstate clearance system 48 hours of work for the week beginning with the anticipated date of need, unless employer has amended the date of need by notifying the SWA no later than 10 business days before the date of need. If the employer fails to notify the NYS Department of Labor, then the employer shall pay an eligible worker referred through the clearance system \$563.52 (number of hours of work x AEWR/prevailing wage/minimum wage) for the first week starting with the originally anticipated date of need. If worker referred fails to notify the NYS Department of Labor of continued interest in the job at least 5 days before date of need, worker will be disqualified from this assurance. Employer will will not require worker to perform alternative work if the guarantee cited in this section is invoked.
Alternative work:
- h. Employer will maintain adequate payroll records. Workers will be paid weekly on Friday for work through the previous Friday.

Item 19: Transportation

Employer agrees to reimburse inbound transportation and subsistence expenses (\$12.09 per day minimum to a maximum of \$51.00 per day) to each worker, or any person, government agency, or private organization which, on behalf of the worker, has paid or advanced such transportation and subsistence expenses, from the place from which the worker has come to work for the employer, whether in the U.S. or abroad to the place of employment, after the worker has completed 50% of the stipulated period of employment, from initial date of need or from the day after actual arrival of worker if later than the stated date to report.

- a. Employer will provide or pay the cost of return transportation and subsistence to each worker who completes the employment period, or who is terminated for medical reasons, or as the result of fire, weather, or an Act of God (as determined by the Certifying Officer), from place of employment to place of recruitment, except if the worker prefers not to return to his place of recruitment and has subsequent employment with an employer – see Item 17 (c) above. Employer will not be responsible for providing return cost of transportation and subsistence from place of employment to place of recruitment if the worker voluntarily abandons the job or is terminated for cause and employer provides timely notification to the NPC and DHS.
- b. The amount of the transportation payment will be equal to the most economical and reasonable similar common carrier transportation charges for the distance involved. All transportation provided by the employer will be by common carrier or other transportation facilities which conform to the applicable regulations of the Interstate Commerce Commission or the United States Department of Labor. The amount of daily subsistence will be in accordance with current rates published in the *Federal Register* (for workers with and without receipts).
- c. If requested by the worker, employer will assist in making transportation arrangements.
- d. Employer will provide transportation, at no cost to the worker, from the employer provided housing to the actual work site and return at the end of the day.

Item 22: Workers' Compensation

The employer assures that Policy # _____ issued by _____ provides the required insurance for injuries arising out of and in the course of employment. ****See attached Association Members and Certificates of Workers Compensation****
Employer's proof of insurance coverage will be provided to the Chicago Processing Center before certification is granted.

Item 23: Tools and Equipment

The employer will furnish without cost all tools, supplies, or equipment required in the performance of work.

B: OTHER CLARIFICATIONS AND ASSURANCES

- 1. The employer agrees to abide by the regulations at 20 CFR 653.501 and 20 CFR 655.135.
- 2. The employer will expeditiously notify the State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over-recruitment, or other factors have changed the terms and conditions of employment.
- 3. Outreach workers shall have reasonable access to the worker in the conduct of outreach activities pursuant to 20 CFR 653.501(xvi).
- 4. If applicable, the employer is certified in the use and application of pesticides per Federal Environmental Protection Agency and State Department of Environmental Conservation requirements. The employer assures that workers hired under this order who will be handling pesticides will be provided appropriate training, if applicable.

5. The employer will provide to an H-2A worker no later than the time at which the worker applies for the visa, or to a worker in corresponding employment no later than on the day work commences, a copy of the work contract between the employer and the workers in a language understood by the worker.
6. The employer assures that if acting as a farm labor contractor (FLC) or farm labor contractor employee (FLCE) on the order, he/she has a valid federal FLC certificate or FLCE identification card.
7. The applicant assures that he/she complies with NYS registration requirements. Farm labor contractors anticipating employment contracting with growers or processors in New York State, growers or processors in New York State who use the services of a farm labor contractor, and growers or processors in New York State who, without using the services of a farm labor contractor, are responsible for bringing into the state five or more out-of-state migrant farm or food processing workers, **not including H-2A workers**, are required to register with the New York State Department of Labor. This statement applies only to H-2A employers who also employ five or more out-of-state migrant workers.

Employer Signature _____ 

2/2016

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

Sections

Members in the Association
Intent
Association Organization
H2A Employees
Common Support and Management
Financial Responsibilities
Labor Scheduling
Payroll
Labor Billing and Payment
Transportation to Work
Housing
Breach
Signatures

Members of the Association

(Company Name / Company Representative)

Forking Paths Vineyards, Inc – Morten Hallgren
Lucas Vineyards, Inc– Jeff Houck
Standing Stone Vineyards – Tom Macinski
Wagner Farms – Mark Wagner
Wagner Vineyards, LLC – John Wagner

Intent

The intent of this Association Agreement is to define the relationship and obligations of each party listed above in regards to the H2A agreement submitted on or about November 6th 2016 and of which a copy is attached to this document. This Agreement is for the 2017 calendar year. The parties intend to coordinate activities and share in a fair and equitable manner the labor and obligations of the employees covered under the H2A agreement. We also intend to employ a single person for common support, to recruit, train, and support and monitor performance. The document applies to the Association Members listed above and any successor to the Association Members. This document supersedes any and all previous agreements between the Association Members relating to any previous H2A Employment Agreement.

Association Organization

There are no designated officers of The Association. Association meetings will be called as necessary and decision to be made by consensus or by majority vote if there is not a consensus. There will be a Management Committee of 2 Association members responsible to manage and monitor the H2A Supervisor(s). There will also be a Compliance Committee of 2 Association members responsible to monitor The Association's compliance with all appropriate laws, regulations, rules and guidelines. The Management and Compliance Committees will work by consensus if consensus cannot be reached the Committee will call a meeting of all Association members. An accounting/bookkeeping

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

position is to be established to monitor H2A expenses for accuracy and appropriateness. Any expenses incurred in support of this position will be allocated among the members.

Association Members will be assigned responsibility for Payroll, Transportation, and Housing. The responsibilities for these assignments are defined in the appropriate section below.

H2A Employees

The Association Members are committed to the following number of H2A Employees for each Association Member and agree to be financially responsible under the terms of the H2A Program for all related expenses pertaining to their H2A employees. There are two groups of H2A employees.

The primary group of H2A Employees will have signed an employment agreement not to exceed 10 months with planned contract dates of 01/14/2017-11/13/2017.

The second group of H2A Employees will have a shorter contract period with planned contract dates of 01/14/2017 - 7/24/2017. This second group of H2A employees will be allocated based on the percentage of 10-month H2A employees allocated to each associate member.

Association Member Members	Representative	Seven Month H2A Employees	Ten Month H2A Employees
Forking Paths Vineyards, Inc	Morten Hallgren		8
Lucas Vineyards Inc	Jeff Houck		2
Standing Stone Vineyards	Tom Macinski		2
Wagner Farms	Mark Wagner		4
Wagner Vineyards	John Wagner		5
	Total H2A Employees	8	21

Employees will be randomly assigned to each Association Member by drawing of names or any other mutually agreed process. The Association Members will be directly responsible for the employees assigned to the Association Member. Each Association Member will have access at all times to the H2A employees assigned to the Association Member unless the Association Member agrees to allow the H2A employee to assist

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

other Association Members to this agreement. If the employee is unsatisfactory or ceases employment early, the Association Member's H2A employee will not be replaced unless mutually agreed to between the remaining Association Members.

Common Support and Management

The Association Members to this agreement agree to utilize the agreed upon person(s) to provide common support and management of the H2A employees. The person hereafter designated a H2A Supervisor will be paid by each Association Member as an individual employee of each Association Member. The H2A Supervisor(s) will be paid per the attached table.

Amount	Description
H2A Supervisor Payment	Each Association Member is responsible to pay the H2A Supervisor the amount described in the H2A Supervisor(s) contract.
Recruiting Cost	All Association Members agree to reimburse the H2A Supervisor(s) for certain expenses associated with the recruitment of H2A employees. These expenses include transportation, food and lodging. The estimated cost of recruitment and hiring an H2A Employee is estimated to be \$100 to \$150 /H2A Employee. The expense is to be paid proportionally by each Association Member for each H2A employee under the Association Member's responsibility.
Other Expenses	Will be mutually agreed prior by the expense being incurred.

The H2A Supervisor's responsibilities are described in the H2A Supervisor Agreement.

Financial Responsibilities

Each Association Member will be responsible to pay for all associated costs for the H2A employees to which the Association Member committed. This cost includes but is not limited to hiring and recruiting costs, travel, pay, transportation, and housing. The associated H2A Supervisor cost will also be allocated based on the committed number of H2A employees for each Association Member.

Labor Scheduling

Each Association Member will coordinate its labor requirements with the H2A Supervisor. If there is a conflict in the scheduling needs of the Association Members a Association Member can request the other(s) to reschedule the proposed labor schedule of the H2A employees. If the reschedule is not agreed to the Association Member can exercise its right and require the Association Member's H2A employees to work as described above in the H2A Employees section of this agreement. It is the Association Member's obligation to request modification of the labor schedule proposed by the H2A Supervisor from the other Association Member(s).

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

The basic work schedule is for 2 weeks of 4 work days/weeks with 2 open days, and 1 week of 5 work days/week with 1 open day. This is to allow for inclement weather days and for schedule flexibility. Adjustments to the work schedule are made through the defined H2A Labor Supervisor.

To assure that all Association Members have proportionate access to the H2A employees the Association Members will be allocated to each Association Member as follows:

Pruning thru tying will be allocated as 1 crew of all H2A employees and the days of work at each Association Member will be based on the number of 10 Month H2A employees assigned to each member divided by 2. A rotation schedule will be defined and managed throughout the term of the H2A employees.

Upon completion of tying the 1 crew of 19 people will be divided into 2 crews as mutually agreed. The rotation for both crews will be handled in a similar manner as defined above.

The two crews will be consolidated into a single crew through harvest. With harvest work activities as scheduled by mutual agreement.

The schedule and/or rotation can be modified by mutual agreement between the Association Members and it does not prevent any Association Member from requiring the Association Members H2A Employees work at the Association Member's location.

Payroll

The H2A employees' pay will be based on the time records and detailed information provided by the H2A Supervisor. The detailed information will include the employee's name, the name of the H2A Association Member's Farm, the days and the hours worked. The H2A Supervisor will provide detailed information pertaining to the workweek, which is from Saturday to Friday to the Labor Coordinator by 5 PM of the Saturday immediately following the workweek. The Payroll Coordinator will provide the payroll expense information to each H2A Association Member by noon on Monday. Each H2A Association Member will provide the required payroll checks by Thursday at 5 PM. Each H2A Association Member is obligated to pay the H2A Employees used by the H2A Association Member per the H2A Program requirements and obligations. Failure to do so is a Breach of this agreement.

Labor Billing and Payment

It is agreed by all Association Members to coordinate schedules and labor requirements as defined above. The Payroll Coordinator will provide copies of all employees' timesheets to the Association Members on a weekly basis. It is the responsibility of each Association Member to review the timesheets and to bill any other Association Member for Custom Vineyard Labor, which utilizes the H2A Employees of the Association Member.

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

In case of dispute the Association Members involved agree to negotiate in good faith to resolve the issue. Any of the Association Members could also request consideration and review of the issue by the other Association Members. If the other Association Members agree to review the issue a non-binding recommendation could be made. This does not prevent either party to the issue from pursuing any additional legal actions.

Transportation to Work

The Transportation Coordinator is responsible to assure arrangements are in place to provide transportation of the H2A Employees to their scheduled work location.

Transportation costs will be billed monthly and will be allocated to each Association Member based on the % of days work at any Association Member during the month. Any allocated transportation expenses can be billed by one Association Member to another as part of the bill for Custom Vineyard Labor.

Housing

The Housing Coordinator is responsible to assure arrangements are in place to provide suitable housing for the H2A Employees.

Housing costs will be billed monthly and will be allocated to each Association Member based on the number of H2A at each farm during a month divided by the total days worked at all farms during the same month. . If bad weather affects the unfairly affects the distribution of housing expenses it can be discussed and modified by mutual agreement.

Breach

An Association Member will be considered in Breach of this agreement under any of the following circumstances.

Failure to satisfy all State and Federal audits which involve include any H2A criteria.

Failure to follow all of the requirements and obligations of the H2A Program.

Failure to pay all bills and related financial obligations as described in this agreement.

If a Association Member is in breach of this agreement, he is to be considered in violation of the H2A Application and Program requirements and the labor contract for his employees is cancelled with the Association Member in Breach being fully responsible for any contractual payments and bills associated with the H2A Employee(s). The Association Member in Breach expressly agrees to make all payments to the H2A Employee, other Association Members, or any other party as defined in this Agreement, H2A Application, and H2A Program. The payments will be made within 30 days or the

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

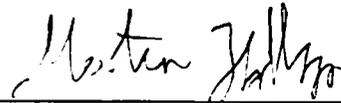
Association Member in Breach agrees to pay a late payment penalty of 2% per month beyond the 30 days. The Association Member in Breach also agrees to reimburse any or all of the other Association Members for any legal expenses associated with the Breach or collection of the payments.

Forking Path Vineyards and Associates Agreement for 2017 Calendar Year

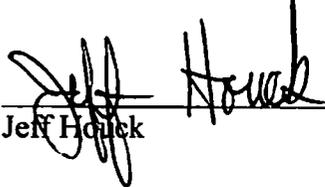
Signatures of Authorized Representative

This agreement supersedes any previous agreement signed prior to the date this agreement is signed by the Authorized Representatives.

Forking Paths Vineyards, Inc

 11/6/16
Morten Hallgren Date

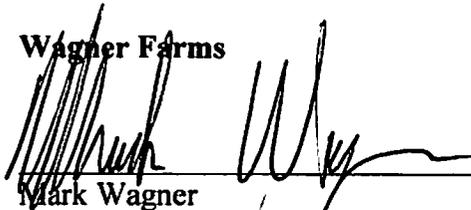
Lucas Vineyards, Inc

 11/4/16
Jeff Houck Date

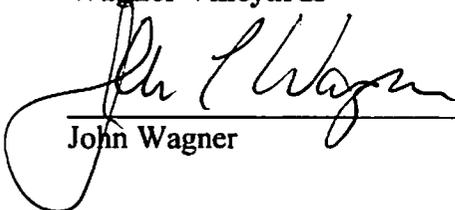
Standing Stone Vineyards

 11/4/16
Tom Macinski Date

Wagner Farms

 11/7/16
Mark Wagner Date

Wagner Vineyards

 11/7/16
John Wagner Date

Forking Paths Vineyards Inc. and Associates Member EIN #'s

Forking Paths Vineyards Inc.	03-0425141
Standing Stone Vineyards	16-1416702
Lucas Vineyards Inc.	16-1584050
Wagner Vineyards LLC	20-4370054
Wagner Farms/Lamoreaux Wine Cellars	27-1489515

Forking Paths Vineyards Inc. and Associates

Member Worker Compensation Policies

- 1) Forking Paths Vineyards Inc.
400 Barracks Road
Geneva, NY 14456
Technology Insurance Company
Policy # TWC3415250**

- 2) Wagner Vineyards LLC
9322 State Route 414
Lodi, NY 14860
New York State Insurance Fund
Policy # Z2180013*1**

- 3) Lamoreaux Landing Wine Cellars LLC
9224 Route 414
Lodi, NY 14860
New York State Insurance Fund
Policy # Z407020*7**

- 4) Martha Maciniski and George T Macinsik DBA Standing Stone Vineyards
9934 Route 414
Hector, NY 14841
New York State Insurance Fund
Policy # Z1109351-5**

- 5) Lucas Vineyards Inc.
3862 County Road 150
Interlaken, NY 14847
New York State Insurance Fund
Policy # Z931-434-5**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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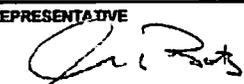
PRODUCER New York Farm Bureau Safety Group 486 159 Wolf Road PO Box 5330 Albany NY 12205-0330	CONTACT NAME: Michele Bates	
	PHONE (A/C No. Ext): 1-800-342-4143	FAX (A/C No.): 518-431-5656
E-MAIL ADDRESS: mbates@nyfb.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: New York State Insurance Fund		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> y <input type="checkbox"/> n/a		Z 2180 013-1	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER US DOL EMPL & TRNG ADMIN OFF OF FRGN LBR CERT CHICAGO NTL PRC CTR 11 W QUINCY CRT CHICAGO IL 60604	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PRODUCER New York Farm Bureau Safety Group 486 159 Wolf Road PO Box 5330 Albany NY 12205-0330	CONTACT NAME: Michele Bates PHONE (A/C No. Ext): 1-800-342-4143 E-MAIL ADDRESS: mbates@nyfb.org	FAX (A/C, No): 518-431-5858
	INSURER(S) AFFORDING COVERAGE	
INSURED Lamoreaux Landing Wine Cellars LLC DBA Wagner Farms 92224 Route 414 Lodi NY 14860	INSURER A: New York State Insurance Fund	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y N/A		Z 407 020-7	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

US Department of Labor
 Employment & Training Admin
 200 Constitution Avenue NW
 Washington DC 20210

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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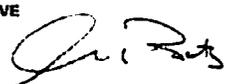
PRODUCER New York Farm Bureau Safety Group 486 159 Wolf Road PO Box 5330 Albany NY 12205-0330	CONTACT NAME: Michele Bates PHONE (A/C No, Ext): 1-800-342-4143 E-MAIL ADDRESS: mbates@nyfb.org	FAX (A/C No): 518-431-5656
	INSURER(S) AFFORDING COVERAGE	
INSURED MARTHA MACINSKI & GEORGE T MACINSKI D/B/A STANDING STONE VINEYARDS 9934 ROUTE 414 HECTOR NY 14841	INSURER A: New York State Insurance Fund	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z 1109 351-1	12/31/2016	12/31/2017	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER US DEPARTMENT OF LABOR CHICAGO PROCESSING CENTER 11 WEST QUINCY COURT CHICAGO IL 6060	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only) Forking Paths Vineyards Inc. dba Ravines Wine Cellars 400 Barracks Road Geneva, NY 14456</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-781-7007</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 03-0425141</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) US Department of Labor Employment & Training Administration Office of Foreign Labor Certification Chicago National Processing Center 11 West Quincy Court Chicago, IL 60604</p>	<p>3a. Name of Insurance Carrier Technology Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" TWC3473770</p> <p>3c. Policy effective period 5/12/16 to 5/12/17</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Erin Huggler, Stork Insurance Agency
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Erin Huggler 11/2/2015
(Signature) (Date)

Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-536-2363

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Forking Paths Vineyards Inc. 400 Barracks Road Geneva, NY 14456</p> <p>DBA: Ravines Wine Cellars</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 315-781-7007</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 03-0425141</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>US Department of Labor Employment & Training Administration Office of Foreign Labor Certification Chicago National Processing Center 11 West Quincy Court Chicago, IL 60604</p>	<p>3a. Name of Insurance Carrier Technology Insurance Company, Inc.</p> <p>3b. Policy Number of entity listed in box "1a" TWC3545501</p> <p>3c. Policy effective period <u>5/12/2017</u> to <u>5/12/2018</u></p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Erin Huggler, Stork Insurance Agency
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Erin Huggler 10/06/16
(Signature) (Date)

Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 315-536-2363

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 161584050
LUCAS VINEYARDS INC
3862 COUNTY RD 150
INTERLAKEN NY 14847

POLICYHOLDER
LUCAS VINEYARDS INC
3862 COUNTY RD 150
INTERLAKEN NY 14847

CERTIFICATE HOLDER
NYS DEPT. OF LABOR; DIV. LABOR
STANDARDS PERMIT & CERT UNIT
BLDG12, STATE CAMPUS, RM 266A
ALBANY NY 12240

POLICY NUMBER Z 931 434-5	CERTIFICATE NUMBER 274153	PERIOD COVERED BY THIS CERTIFICATE 12/31/2011 TO 12/31/2017	DATE 11/5/2015
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 931 434-5 UNTIL 12/31/2017, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/31/2017 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 58557631

Addresses of farms where H2A crew will be employed:

Lucas Vineyards, Inc.

3862 County Road # 150, Interlaken, New York 14847

Standing Stone Vineyards

9934 Route 414, Hector, New York 14841

Wagner Vineyards

9322 State Route 414, Lodi, New York 14840

Upper Lake Road, Lodi, New York 14840

9501 State Route 414, Lodi, New York 14840

State Route 414, Valois, New York 14841

Wagner Farms

9224 State Route 414, Lodi, New York 14840

County Road 137, Valois, New York 14841

Seneca Road, Valois, New York 14841

Forking Paths Vineyards, Inc.

14630 State Route 54, Hammondsport, NY 14840

400 Barracks Road, Geneva, NY 14456

3774 Carpenter Road, Burdett, NY 14818

1565 Combs Road, Ovid, New York 14521

1650 Combs Road, Ovid, New York 14521

10110 Hyatt Hill, Dundee, NY 14837

Disciplinary Policy and Procedures

Forking Paths Vineyards Inc. and Associates strives to provide a safe work environment for all workers. We will provide all training required to enable you to perform the work that is required by the Association. We do not anticipate that there will be any issues with your ability to learn how to perform the work required by the Association in a safe and efficient manner.

In the event that we have any problems with your work performance, or with your conduct at the house or in our vehicles, these procedures will be implemented to address those problem:

- 1) **First Offense:** Verbal warning to the offending worker or worker(s) regarding the work issue, house issue or vehicle issue. The verbal warning will be delivered with at least one of the Association members present from a prepared document translated in the native language of the worker

- 2) **Second Offense:** Written Warning to the offending worker or worker(s) assigned to the vehicle found to be in non-compliance. The written warning will be delivered with at least one of the Association members present and will be a prepared document that has been translated into Spanish by a translation service on behalf of the Association. The worker shall be given a copy to keep, and the worker will sign one copy, which shall be retained by the Association.

- 3) **Third Offense:** Written warning and suspension of the offending worker(s) for 1 day. The written warning will be delivered with at least one of the Association members present and will be a prepared document that has been translated into Spanish by a translation service on behalf of the Association. The worker shall be given a copy to keep, and the worker will sign one copy, which shall be retained by the Association.

- 4) **Fourth Offense:** Termination of employment contract of worker or worker(s).

Reglas y Procedimientos Disciplinarios

Forking Paths Vineyards Inc. and Associates hace un gran esfuerzo a proveer un ambiente seguro de trabajo a todos los empleados. Te proporcionamos todo el entrenamiento necesario para hacer el trabajo requerido por la Asociación. No anticipamos ningún problema en cuanto a tu habilidad de aprender cómo hacer el trabajo en una manera segura y eficiente.

En el caso que haya un problema con tu desempeño laboral, o con tu conducto en el alojamiento o en nuestros vehículos, se implementan estos procedimientos para dirigirse al problema:

- 1) **Primera ofensa:** Se da un aviso verbal al empleado o a los empleados que han cometido la ofensa, sobre el problema con el trabajo, el alojamiento o los vehículos. Se da el aviso verbal frente a por lo menos un miembro de la Asociación, leyéndolo de un documento traducido al idioma nativo del empleado.
- 2) **Segunda ofensa:** Se da un aviso escrito al empleado o a los empleados asignado(s) al vehículo que se encuentra en incumplimiento. Se entrega el aviso escrito frente a por lo menos un miembro de la Asociación, y consiste de un documento traducido al idioma nativo del empleado por una agencia de traducción por parte de las Asociación. Se le entrega una copia del aviso al empleado, y se le pide al empleado que firme otra copia del aviso que se queda con el empleador.
- 3) **Tercera ofensa:** Se da un aviso escrito y se suspenden al empleado o a los empleados por un día. Se entrega el aviso escrito frente a por lo menos un miembro de la Asociación, y consiste de un documento traducido al idioma nativo del empleado por una agencia de traducción por parte de las Asociación. Se le entrega una copia del aviso al empleado, y se le pide al empleado que firme otra copia del aviso que se queda con el empleador.
- 4) **Cuarta ofensa:** Se le(s) termina el empleo.

House Rules

Forking Paths Vineyards Inc. and Associates provides safe, clean, inspected housing for all out of area workers as per the United States Department of Labor, Employment and Training Administration's H-2A regulations. The following House Rules are intended to maintain the condition of the housing and to promote a safe, clean, comfortable living environment.

- 1) All screens will remain intact and in place in all windows and doors
- 2) All apartments will be cleaned on a regular basis, no less than weekly, by the individuals assigned to them and kept in a neat, clean, and orderly manor
- 3) All trash will be removed and deposited into the provided trash receptacle for municipal removal at the assigned time
- 4) All recyclables will be removed and deposited into the provided recyclable receptacle for municipal removal at the assigned time
- 5) No loud music after 10pm nightly
- 6) No overnight guests
- 7) Dishes will be cleaned nightly and the kitchen will be cleaned daily by the workers assigned to that apartment

Failure to comply with the House Rules will result in the following:

- 1) **First Offense:** Verbal warning to the offending worker(s) assigned to the apartment found to be in non-compliance
- 2) **Second Offense:** Written Warning to the offending worker(s) assigned to the apartment found to be in non-compliance
- 3) **Third Offense:** Written warning and the suspension of offending worker(s) for 1 day
- 4) **Forth Offense:** Termination of employment contract of worker(s) assigned to the apartment found to be in non-compliance

*****All safety equipment, i.e. Fire alarms, smoke detectors, doors, door knobs, door locks, utility outlet covers and receptacles, will be left in their original condition. Tampering with, disabling, or vandalism of any safety equipment will result in the immediate termination of the offending worker's employment contract.*****

*****All activities that directly break the laws on the United States of America and/or the State of New York will result in the immediate termination of the offending worker's employment contract. Said activities include, but are not limited t: under age consumption of alcohol, providing alcohol to minors, public intoxication, driving under the influence of drugs or alcohol, driving while intoxicated, the use, sale, or possession of illegal drugs or drug paraphernalia, the solicitation or hiring of prostitutes*****

*****Fighting or the instigation of a fight will result in the immediate termination of the offending worker's employment contract*****

Reglas de Casa

Forking Paths Vineyards Inc. and Associates provee alojamiento seguro, limpio y inspeccionado para todos nuestros empleados de otras partes del mundo de acuerdo a los reglamentos de H-2A de la Administración de Empleo y Entrenamiento del Departamento de Labor de los Estados Unidos. Las reglas a continuación existen para mantener buenas condiciones del alojamiento y promover un ambiente seguro, limpio y cómodo.

- 1) Se queden los mosquiteros intactos y en lugar en todas las ventanas y puertas
- 2) Todos los departamentos se limpian de manera consistente, no menos de una vez a la semana, por los individuos que los habitan, y que se queden organizados y limpios.
- 3) Se tira toda la basura en los recipientes de basura del municipio y se dispone de ellos en el tiempo asignado
- 4) Se desechan de todos los reciclables en los recipientes de reciclables y se dispone de ellos en el tiempo asignado
- 5) No se toca música de alta volumen después de las 10pm
- 6) No se quedan huéspedes en la noche
- 7) Se lavan los platos cada noche y se limpia la cocina diario por los empleados que habitan el departamento

Incumplimiento con las reglas de la casa resulta en lo siguiente:

- 1) Primera ofensa: Se da un aviso verbal al empleado o a los empleados que han cometido la ofensa y que son responsables por el departamento que se encuentra en incumplimiento
- 2) Segunda ofensa: Se da un aviso escrito al empleado o a los empleados que han cometido la ofensa y que son responsables por el departamento que se encuentra en incumplimiento
- 3) Tercera ofensa: Se da un aviso escrito y se suspende(n) por un día al empleado o a los empleados que han cometido la ofensa
- 4) Cuarta ofensa: Se termina el contrato de empleo del empleado o los empleados que son responsables por el departamento que se encuentra en incumplimiento

*****Todo equipo de seguridad, por ejemplo alarmas de fuego, detectores de humo, puertas, pomos, seguros, tapas para enchufes y enchufes, se deja en su condición original. Alterar, inutilizar, o vandalizar al equipo de seguridad resultará en la terminación inmediata del contrato de empleo del empleado responsable.*****

*****Cualquiera actividad que directamente rompa la ley de los Estados Unidos y/o del Estado de Nueva York resultará en la terminación inmediata del contrato de empleo del empleado responsable. Tales actividades incluyen, pero no se limitan a, la consumación de alcohol por un menor de edad, proveer alcohol a menores de edad, alcohol, ebrriedad pública, manejar**

bajo la influencia de drogas y/o alcohol, manejar bajo la influencia de alguna sustancia, el uso, consumo o posesión de drogas ilegales, parafernalia de drogas, la solicitud o contratación de prostitutas***

*****Pelear o instigar a una pelea resultará en la terminación inmediata del contrato de empleo del empleado responsable.*****

Vehicle Rules

Forking Paths Vineyards Inc. and Associates provides safe, clean, and inspected transportation from the location of the housing to the work site daily, as well as from location of the housing to stores and medical facilities as outlined in the United States Department of Labor's, Employment and Training Administrations H-2A regulations. The following rules are intended to make sure that the transportation provided is safe and clean for all occupants.

- 1) The vehicle will be kept clean and free of trash and debris at all times. Designated trash bags will be provided for waste disposal
- 2) The vehicles floor will be kept free and clear of all tools and equipment
- 3) Seat belts must be kept clear, free, and operational at all times

Failure to comply with the vehicle Rules will result in the following:

- 1) **First Offense:** Verbal warning to the offending worker or worker(s) assigned to the vehicle found to be in non-compliance
- 2) **Second Offense:** Written Warning to the offending worker or worker(s) assigned to the vehicle found to be in non-compliance
- 3) **Third Offense:** Written warning and the suspension of the offending worker(s) from the work crew for 1 day
- 4) **Fourth Offense:** Termination of employment contract of worker or worker(s) assigned to the vehicle found to be in non-compliance

*****All safety equipment, i.e. seat belts, mirrors, fire extinguishers, door handles, door locks, will be left in their original condition. Tampering with, disabling, or vandalism of any safety equipment will result in the immediate termination of the offending worker's employment contract.*****

Reglas del Uso de Vehículos

Forking Paths Vineyards Inc. and Associates provee transporte seguro, limpio y inspeccionado del alojamiento al sitio de trabajo diariamente, así como del alojamiento a tiendas y facilidades medicas como se describe en los reglamentos de H-2A de la Administración de Empleo y Entrenamiento del Departamento de Labor de los Estados Unidos. Las reglas a continuación existen para que el transporte sea seguro y limpio para todos los que ocupan los vehículos.

- 1) El vehículo se quedará libre de basura y desechos en todo momento. Se proveerán bolsas para desechar la basura.
- 2) El piso del vehículo se quedará libre de herramientas y equipo.
- 3) Los cinturones de seguridad se quedaran libres y operacionales en todo momento.

Incumplimiento con las reglas de la casa resulta en lo siguiente:

- 1) **Primera ofensa:** Se da un aviso verbal al empleado o a los empleados que han cometido la ofensa y que son responsables por el vehículo que se encuentra en incumplimiento
- 2) **Segunda ofensa:** Se da un aviso escrito al empleado o a los empleados que han cometido la ofensa y que son responsables por el vehículo que se encuentra en incumplimiento
- 3) **Tercera ofensa:** Se da un aviso escrito y se suspende(n) por un día al empleado o a los empleados que han cometido la ofensa
- 4) **Cuarta ofensa:** Se termina el contrato de empleo del empleado o los empleados que son responsables por el vehículo que se encuentra en incumplimiento

***** Todo equipo de seguridad, por ejemplo cinturones de seguridad, espejos, extintores de fuego, manillas de puertas, se deja en su condición original. Alterar, inutilizar, o vandalizar al equipo de seguridad resultará en la terminación inmediata del contrato de empleo del empleado responsable.*****