

Cannabis, Hemp & CBD Insurance Program Workers' Compensation Supplemental

Legal Business Name: _____ FEIN # (Tax ID): _____

DBA(s): _____ Years in Business: _____

Summary of Operations: _____

Business Operations: Marijuana (%) _____ Hemp - States of travel operations (%) _____ Copies of licenses are required

Employee Breakdown (Current)

Full Time	Part Time	Seasonal	Volunteer	Leased

Expected growth % in next 12 months _____

List all commonly owned companies/entities (include ownership % and FEIN# for each)

Company/Entity Name	FEIN #	% Ownership

Safety Questions:

- Does your business have an injury and illness prevention program: Yes No
- Has OSHA Issued any citations to your business: Yes No
 If yes, please explain
- Does your operation include any lifting exposure: Yes No
 If so, what is the maximum weight (in lbs.) with equipment _____/ without equipment _____
- What is the maximum height (ft.) that employees work: _____
- Is proper safety equipment used in your operation? Yes No
- Does your business use guards: Yes No
 Are they armed? Yes No
 Are the guards subcontracted? Yes No
- If yes, please provide the following information (provide info below):
1. What kind of formal training do the armed guards have?
 2. How long have they been in the field? Are they off-duty police officers, for example?
 3. Do they ever leave the location of the insured? Do they ride along for deliveries?

Operational Questions:

Is your business licensed by your state, county, or city to grow, sell, process, or manufacture cannabis? Yes No
If so, please submit a copy of each issued license/temporary license along with this application

Are there any cultivation operations? If so, Indoor Outdoor or Both ? Yes No
If both, are payrolls separate? Yes No

Are you conducting extraction activities? Yes No
If yes, what chemicals are used in this process?

Is your business a farm labor contractor or staffing agency?

Does your business have any delivery exposure? Yes No
Are the drivers subcontracted out? Yes No
If yes, must have a copy of the Risk Transfer Agreement within 30 days of binding**
If they are directly employed, what is your radius of operation: _____
How many vehicles do you use: Owned _____ / Hired & Non-Owned _____
How many drivers do you employ: _____
What are the age ranges of drivers?
i. Minimum Age _____
ii. Maximum Age _____

Are the vehicles marked or unmarked: Marked Unmarked

Does your business transport any living cannabis plants to other businesses? Yes No
Does your business transport harvested/processed/finished cannabis products to other businesses? Yes No
Does your business deliver any cannabis products directly to consumers? Yes No
Please provide delivery hours: _____
What is the maximum cash and product value carried by the drivers: \$ _____
Please provide a description of any lockbox or safety protocols installed in the vehicle: _____

Are drivers allowed to make personal stops while transporting goods? Yes No
Are drivers allowed to take any cannabis inventory and/or money home? Yes No
Does your business collect DMV records (MVR's) for each driver? Yes No
*Please complete the attached completed MVR template for all employees driving (attached)
Does your business allow any firearms or weapons in operating vehicles? Yes No

** **The Risk Transfer Agreement** will be a contract between the subcontracted company and your insured. We must have a copy of the contract that the insured uses when they hire subcontractors to perform duties on their behalf. The contract should state that Workers Compensation is required with Employers Liability Limit to match the insured's limit and should include a Waiver of Subrogation in favor of the insured.

A complete WC Submission should include:

- Acord 130
- Completed Supplemental (CannWC Supplemental only)
- 3 years current valued loss runs (if not new venture)
- Applicable permits/licenses to grow/manufacture/transport/sell cannabis products
- List of commonly owned entities
- Ex Mod Worksheet (if applicable)

