

Cannabis, CBD, and Hemp Program Workers' Compensation Supplemental

Effective Date: ___/___/___

Quote By Date: ___/___/___

SECTION 1: ACCOUNT INFORMATION

Legal Business Name: _____

DBA(s): _____

FEIN # (Tax ID): _____ Years in Business: _____

Role	W2 – Direct Hire	1099 – Independent Contractors
Employees – FT		
Employees – PT		
Guards		

1. Mark any applicable subcontracted exposure: Delivery Guard Other: _____
2. Yes No If any of the workforce is subcontracted, are COI's showing WC coverage required and collected by the insured? Please provide copies at binding.
3. If any guards or drivers are direct employees, complete section 4a below.

SECTION 2: LICENSE/PAYROLL

1. Yes No Is the applicant licensed by your state/county/city to grow, sell, process or manufacture cannabis?
2. Please indicate what type(s) of licenses this insured holds:
 Retail Cultivation Manufacturing Distribution Testing Other: _____
3. Yes No Is the referenced first named insured on the application also the licensed entity?
4. Yes No Is the "Legal Business Name" listed above the employer of record?

***Please complete all available years.**

Year	Premium	Payroll
Current Term		
1 st Prior		
2 nd Prior		
3 rd Prior		
4 th Prior		
5 th Prior		

SECTION 3: SAFETY

1. Yes No Has OSHA issued any citations to the applicant?
a. If yes, please explain: _____
2. Yes No Does the applicant include any lifting exposure?
If yes, what is the maximum weight (in lbs.) with equipment _____ / without equipment _____
3. Yes No What is the maximum height (ft.) that employees work? _____ ft
a. If above ground, please explain: _____

SECTION 4: OPERATIONS

1. Yes No Are there any cultivation operations? If yes, please choose: _____
2. Yes No Does the applicant conduct manufacturing activities?
a. If yes, what types of products are they manufacturing? _____
3. Yes No Does the applicant conduct extraction activities?
a. If yes, what chemicals are used in this process? _____
b. If yes, what PPE is used for this exposure specifically? _____
4. Yes No Does the applicant utilize temporary staffing or labor contracting services of any type?
5. Yes No Does the applicant provide temporary staffing or labor contracting services of any type to other companies?
6. Yes No In the next 12 months, do you plan to: Expand operations into a new state or create a new entity? Acquire or merge with another entity? Sell a majority ownership stake? If yes, provide additional details.

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SECTION 4A: OPERATIONS – DELIVERY, DISTRIBUTION, AND GUARDS

1. If guards are directly employed, please answer the following:
- a. Yes No Are guards armed?
 - b. Provide details about their training: _____

2. If drivers are directly employed, please answer the following:
- a. What is the applicant's radius of operation? _____
 - b. How many vehicles does the applicant use? Owned: _____ / Hired & Non-Owned: _____
 - c. How many employees with driving duties? _____
 - d. What are the age ranges of drivers? Min Age: _____ / Max Age: _____
 - e. Yes No Are the vehicles marked?
 - f. Yes No Does the applicant transport living/harvested/processed/finished cannabis products to other businesses?
 - g. Yes No Does the applicant transport any cannabis products directly to consumers?
 - h. What is the allowed maximum product and/or cash value (in \$) carried by drivers? \$ _____
 - i. Please provide a description of any lockbox or safety protocols installed in the vehicle:

 - j. Yes No Are drivers allowed to make personal stops while transporting goods?
 - k. Yes No Are drivers allowed to take any cannabis inventory and/or money home?
 - l. Yes No Does your business allow any firearms or weapons in operating vehicles?
 - m. Yes No Does your business collect DMV records (MVR's) for each driver?

SUBMISSION REQUIREMENTS

Please send all Workers Compensation submissions to cannwc@canngenins.com A complete submission should include:

- ACORD 130
- Completed supplemental application (CannGen WC 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)

THIS APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF INCEPTION DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY

Applicant Section:

Applicant Signature: _____ Date: _____ Title: _____
 Applicant Name: _____ Phone #: _____ Requested Effective Date: _____

Broker Section:

Broker Signature: _____ Broker Name: _____ Name of Firm: _____