Cannabis Supplemental

Field				
Named Insured:				
Website:				
Detailed Description of Operations:				
Hours of Operation:				
Operations Include (check all that apply):	Dispensary	Growing	Processing	Delivery
Employees (# of Each):	Full Time	Part Time	Seasonal	Volunteers
How are Employees Paid:	Hourly	Commission	Salary **Other:**	
Benefits Offered (check all that apply):	Paid Sick Time	Paid Vacation	401k	Retirement
Group Health Coverage:	Yes	No	**If yes, % paid by employer:**	**%**
Pre Hire (check all that apply):	Written Application	Reference Checks	Physicals	
	Pre-Hire Drug Testing	Random Drug Testing	Post Accident Drug Testing	
	Pre-Hire MVR Checks	Annual MVR Checks	Criminal Background Checks	
	Other, please list:			
Return-To-Work/Light Duty Available:	Formal/Written	Informal/Verbal	None	
Subcontractors Used:	Yes	No	**If yes, what % of payroll:**	%
Are COIs Obtained for Subs:	Yes	No	N/A	
Employee Average Annual Turnover:	%			
Day Laborers or Employee Leasing:	Yes	No		
Safety Program in Place:	Formal/Written	Informal/Verbal	None	
Safety Training:	Yes, Documented	Yes, Verbal	None	
Safety Meetings:	Yes	No		
If yes, frequency:	Weekly	Monthly	Quarterly	Annually
MSDS Program	Yes	No		
Chemicals Used: (herbicides/pesticides)	**Please List:**			N/A
Respiratory Program in Place:	Yes	No		
Building Properly Ventilated:	Yes	No		
Lifting Exposures:	<25lbs	25-40lbs	40+lbs	N/A
Machinery Guarded & Maintained:	Yes	No	N/A	
Lockout/Tagout:	Yes	No	N/A	
Forklifts Used:	No	Yes	**Check Box if Operators Are Annually Certified**	
Maximum Height in Feet:	0-6 Feet	7-15 Feet	15 Feet and Above	N/A
If heights, what is used:	Scissor Lift	Scaffolding	Bucket Truck	Ladder
	Other, please describe:			
Type(s) of Fall Protection:	Fall Arrest	Positioning	Retrieval	Suspension
Provide details regarding what the insured has implemented to keep employees safe in response to COVID19:				
	Other, please list:			
List all Personal Protective Equipment:	Gloves	Back Belts	Protective Clothing	Ear Plugs
	Goggles	Non-Slip Shoes	Steel Toed Boots	Masks
	Hard Hats	**Other, please list:**		
Driving or Delivery Mileage % of Each:	<50	50-100	100+	N/A
Group Transportation:	No	Yes	**If yes, # of Employees:**	#
Are Vehicles Company Owned:	No	Yes	**Check Box if Owned Vehicles are Unmarked**	
Vehicle Maintenance Program:	In-House	Outside Vendor	No	
Distracted Driving policy in place:	No	Yes	N/A	
Drivers Training:	No	Yes	N/A	
CDL's Required:	Yes	No	N/A	
Overnight Travel by Employees:	No	Yes	**If yes, frequency:**	
Average Distance Driven Per Day:	Minimum	Maximum	N/A	
Average # of Deliveries Per Day:	Minimum	Maximum	N/A	
If Out of State Transport, List States:				
Security Systems Used (check all that apply):	Interior Camera(s)	Metal Detector		Panic Button

Security Systems Used (continued):	☐ Exterior Camera(s)	☐ Central Station Burglar Alarm	☐ Metal Doors
	☐ Gated Doors	☐ Central Station Fire Alarm	☐ Door Intercom
	☐ Gated Windows	☐ Security Vestibule/Mantrap	
	Other Security:		
Written Security Plan (including what to do in the event of robbery):	☐ Yes	☐ No	
Security Guards:	☐ Insured's Employees	☐ Outside Security Firm Personnel	☐ N/A
Security Guards Armed:	☐ Yes	☐ No	☐ N/A
Outside Security Company Used:	☐ Check Box if COI's are Obtained	☐ Check Box if Insured is named as an Additional Insured on Security Company's GL Policy	
Extraction Method(s) Used:	☐ CO2	☐ Butane	☐ Isopropyl
	☐ Ethanol	☐ Water	**Other, please list:**
Please Describe Extraction Process in Detail:			
Is there a 3rd party maintenance agreement on the CO2 Equipment or any other methods listed above Equipment?	☐ Yes	☐ No	☐ N/A
Is the extraction operation segregated from other operations Including explosive proof wiring?	☐ Yes	☐ No	☐ N/A
Does the system have emergency relief valves due to the accumulation of pressure in the process?	☐ Yes	☐ No	☐ N/A
Are all emergency relief valves should be piped to the outside of the building?	☐ Yes	☐ No	☐ N/A
Is the extraction being done in a Class C1D1 Booth? If not, what type of booth?	☐ Yes	☐ No	**Other Type:**
Extraction Training Provided:	☐ Yes	☐ No	☐ N/A
Emergency Plan in Place in case of toxicity, fire,	☐ Yes	☐ No	☐ N/A
Square footage of Grow Area:			
Flow Meters or Water Timers Used:	☐ Yes	☐ No	

Affirmation

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Owner/Officer Signature: ______________________ **Date:** ______________