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| *Please provided list of Named Insureds, ownership structure of each & operations of each entity. If entities have separate FEINS, please include those along with the combinability with the first Named Insured.*  Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: Click or tap to enter a date. | | | | | | | | | |
| Complete Description of Operations: Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hours of Operation** | | | | | | | | | | | | | | | | | **Percentage of Operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **OPEN** | | | | | | **CLOSE** | | | | | | | | | | Baking/Edible Manufacturing | | | | | | | | | | | | | | | | | 0 **%** | | | | Infused Product Processing | | | | | | | | | | | | | 0 **%** |
| Weekday | 00:00 AM/PM | | | | | | 00:00 AM/PM | | | | | | | | | | Cultivation | | | | | | | | | | | | | | | | | 0 **%** | | | | Retail | | | | | | | | | | | | | 0 **%** |
| Weekend | 00:00 AM/PM | | | | | | 00:00 AM/PM | | | | | | | | | | Laboratory | | | | | | | | | | | | | | | | | 0 **%** | | | | Oil Extraction | | | | | | | | | | | | | 0 **%** |
| Will the insured be able to pay for Workers Compensation Insurance via non-cash methods such as checks or online payments? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the insured ever been fined by any legal authority? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | If yes, please explain Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Contact Name** | | | | | | | | | | | | | | | **Phone Number** | | | | | | | | | | | | | | | | | | | **E-Email** | | | | | | | | | | | | | | | |
| Inspections: | | Please list. | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | |
| Premium Audit: | | Please list. | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | |
| Claims: | | Please list. | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | | | | | Please list. | | | | | | | | | | | | | | | |
| **OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in business Years | | | | | Actual average hourly wage for employees in governing class | | | | | | | | | | | | | | | | | **$** $$ | | | | **/hr** | | | Do you use a specific medical provider  to treat injured employees? | | | | | | | | | | | | | | | | | | | Yes/No | | | |
| Do you have a formal written accident report? Yes/No | | | | | | | | | Has the ownership of the applicable entity changed within the past 5 years? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | # of years at current location # | | | | | | | | |
| Are you currently participating in a MPN (Medical Provider Network)? Yes/No If yes, please provide the name of current MPN. Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees all Licensed per State requirements? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you currently have a Return to Work program? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If yes, does it include salary continuation? Yes/No | | | | | | | | | | | | | | | | | | | | | | |
| Any out of state or international travel? Yes/No | | | | | | | | | | | | | # of employees travelling? # | | | | | | | | | | | | | | | | | | Frequency? Please list. | | | | | | | | | | | | | | Duration of stay? # | | | | | | |
| Are all locations built since 1990 and sprinklered? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | If not, please explain by location Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIRING PRACTICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Written Applications? Yes/No | | | | | | | | | | | | | | Are background checks completed for all employees? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formal job descriptions on file? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | Is job specific training provided? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does employer provide group health plans? Yes/No | | | | | | | | | | | | | | | | | | | | % paid by employer: 0 **%** | | | | | | | | | | | | | | | | | | | | % participation: 0 **%** | | | | | | | | | | | |
| Employee Orientation Program? Yes/No | | | | | | | | | | | | | | | | | | | If yes, is the orientation:  Verbal only  Verbal and Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you performing pre-employment/post-hire physicals? Yes/No | | | | | | | | | | | | | | | | | | | | | | | Does employer provide: Sick leave? Yes/No Vacation? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does employer maintain a drug-free workplace? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SAFETY PROGRAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are safety meetings conducted? Yes/No If yes, how often?  Daily  Weekly  Monthly  Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do employees receive safety training/orientation? Yes/No | | | | | | | | | | | | | | | | | | | If yes, is the training:  Formal/Documented  Informal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SDS (Safety Data Sheets) available for all chemicals and products used? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Forklift training provided? Yes/No | | | | | | | | | | | | |
| Are all equipment operators trained/certified? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Is all machinery/equipment properly guarded? Yes/No | | | | | | | | | | | | | | | | | | | | | | |
| Written lockout/tagout/blockout procedures in place? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Personal protection equipment provided? Yes/No | | | | | | | | | | | | | | | | | | | | | | |
| If yes, strict enforcement of utilization? Yes/No | | | | | | | | | | | | What types of PPE? Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory program in place? Yes/No | | | | | | | | | | | | | | | What is the maximum height at which you will work? Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If scaffolding used, does the insured build their own?  Yes/No | | | | | | | | | | | | | | | Any manual lifting exposure?  Yes/No | | | | | | | | | | | | | | | | | | Max weight  #. Lbs. | | | | | | | | | | | | | Formal lifting policy?  Yes/No | | | | | |
| **OPERATION SECURITY MEASURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is armed security used on premise? Yes/No | | | | | | | | | | | | | | How many guards are used? # | | | | | | | | | | | | | | | | Armed guards are: Make a selection. | | | | | | | | | | | | | | | | | | | | | |
| i. If employed directly, elaborate on trainings and certifications required. Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. If sub-contracted, are certificates of workers’ compensation insurance collected? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are ALL premises equipped with video surveillance? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there daily pick-ups of cash by a 3rd party service? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how large cash transactions or bank deposits are handled to ensure employee safety and security. Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does any employee transport more than $2500 in cash? Yes/No If so, describe. Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How is inventory maintained or tracked? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CULTIVATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the percentage (%) split between the following? | | | | | | | | | | | | | | Indoor Growing | | | | | | | | | 0 **%** | | | | | Greenhouse Growing | | | | | | | | | | 0 **%** | | | | | | Outdoor Growing | | | | | 0 **%** | | |
| What is the size of the total cultivation area? # of acres **acres** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What screening practices are in place for both employees and visitors? Please elaborate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the insured apply their own pesticides? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is pesticide application subcontracted to a 3rd party with certificates of workers’ compensation insurance collected? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If pesticide applied by employees, what is training or certification? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROCESSING AND MANUFACTURING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If oil extraction is performed,  what types of extraction are utilized? | | | | | | | | Butane  Hexane  Press  CO2 Dry Ice  Open Blasting (Any)  Propane  Alcohol Distillation or Heated Evaporation Other: Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the insured’s operations involve **any use of compressed gases**, are the following protocols observed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are bottle fill limits at 2/3 volume capacity? | | | | | Yes/No | | | | | Is the storage area clearly marked as a no-smoking area? | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | Is bottle storage in a segregated, secure location? | | | | | | | | | | | Yes/No | | | |
| Has the processing equipment been certified by an independent testing lab or engineer familiar with the process? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are the pressure vessels inspected and tested per manufacturer’s specifications? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are the high-pressure extraction systems installed in a separate area, segregated from the rest of the operation, with damage limiting construction to mitigate loss in the event of an accidental pressure release? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Is the extraction process completed in a closed loop system? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the insured operations involve **any manufacturing or baking processes**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What items are manufactured? Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the insured have a commercial kitchen for the manufacturing operations? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If commercial kitchen is present:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the kitchen have a UL 300 Compliant, wet chemical fire suppression system with nozzles covering all cooking surfaces?  Yes/No | | | | | | | | | | | | | | | | | | Are all open flame operations conducted under a non-combustible powered ventilation hood?  Yes/No | | | | | | | | | | | | | | | | | | | | | | | Does the cooking/frying equipment have an automatic fuel cutoff?  Yes/No | | | | | | | | | | |
| How often is the fire suppression system serviced? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How often are the hoods and ducts cleaned? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DELIVERY AND DISTRIBUTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any delivery or driving exposure? Yes/No | | | | | | | | | | | | | | | | | | | Please elaborate if driving or delivery exposure is present. Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery Radius/Percentage: | | | | 0-50 mi 0 **%** 51-200 mi 0 **%** 201+ mil 0 **%** | | | | | | | | | | | | | | | | | | | | | Do you have a Bill of Lading or Manifest to Track product? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the insured uses security guards, do they also travel in the distribution vehicles? | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | Are independent contractors used for driving? | | | | | | | | | | | | | | | | | | Yes/No | |
| Please provide the total of the following: | | | | | | Employee Drivers | | | | | | | | | | 0 **%** | | | | | Independent Contractor Drivers | | | | | | | | | | | | | | 0% | | | | | | | | | | | | | | | | |
| Will the insured transport harvested/processed/finished cannabis products to other businesses? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are employees driving personal vehicles or the entity’s fleet vehicles? Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If the insured is providing employees with vehicles from their own fleet, please provide a separate fleet schedule list.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the insured’s employees are utilizing their own personal vehicles, what, if any, screening methods are used to determine driver acceptability? (MVR checks, minimum age requirements, etc)  Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will the vehicles that transport the insured’s property or money have an active alarm system and GPS tracking?  Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RETAIL/DISPENSARIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Retail Operating Hours** | | | | | | | | | | | | | | | | | | | | | | | | Are hours of operation different than general hours of operation? Yes/No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **OPEN** | | | | | | | | **CLOSE** | | | | | | | | | | | | | Is anything sold except cannabis related products? If yes, explain.  Please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekday | | | 00:00 AM/PM | | | | | | | | 00:00 AM/PM | | | | | | | | | | | | |
| Weekend | | | 00:00 AM/PM | | | | | | | | 00:00 AM/PM | | | | | | | | | | | | |

All of the information herein is true and correct to the best of my knowledge. I have not knowingly or intentionally concealed or misrepresented any fact. This form will become part of the insurance application and as such all fraud statements are applicable.

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Name: Enter Text.

Title: Enter Text.

Date: Click or tap to enter a date.