



Cannabis Workers Compensation Program Supplemental Application

Section 1 – General Information

Legal Business Name: _____

List any DBAs: _____

FEIN: _____ Website: _____

Years in Business: _____ Number of Locations: _____ Hours of Operations: _____

Current # of Employees: Full Time: _____ Part Time: _____ Seasonal: _____ Volunteer: _____ Leased: _____ %

of Employee Turnover in Last 12 Months: Full Time: _____ Part Time: _____ Leased: _____

Employee Staffing Expectations over Next 12 Months: Full Time: _____ Part Time: _____ Leased: _____

% of Operations in the following:

Cultivation ___% Processing ___% Manufacturing ___% Retail ___% Laboratory ___% Delivery ___%

Complete Description of Operations: _____

Section 2 – Prior Payroll and Premium Information

Current Year: _____ \$ _____ \$ _____

First Prior Year: _____ \$ _____ \$ _____

Second Prior Year: _____ \$ _____ \$ _____

Third Prior Year: _____ \$ _____ \$ _____

Fourth Prior Year: _____ \$ _____ \$ _____

Section 3 – History/Ownership

Does the insured currently have any commercial insurance coverage? Yes No

Workers Compensation:

Carrier: _____ Expiration Date: / / _____ Effective Date: / / _____

If in business less than 5 years please provide date of initial coverage: / / _____

General Liability:

Carrier: _____ Expiration Date: / / _____ Effective Date: / / _____

If in business less than 5 years please provide date of initial coverage: / / _____

Property:

Carrier: _____ Expiration Date: / / _____ Effective Date: / / _____

If in business less than 5 years please provide date of initial coverage: / / _____

Products:

Carrier: _____ Expiration Date: / / _____ Effective Date: / / _____

If in business less than 5 years please provide date of initial coverage: / / _____

Commercial Auto:

Carrier: _____ Expiration Date: / / _____ Effective Date: / / _____

If in business less than 5 years please provide date of initial coverage: / / _____



List other companies/entities that the applicant has ownership in (include ownership % for each):

(Use extension page if needed)

Company/Entity Name	Percentage of Ownership:
_____	_____ %
_____	_____ %
_____	_____ %

List other companies/entities that have ownership in the applicant's business (include ownership % for each):

(Use extension page if needed)

Company/Entity Name	Percentage of Ownership:
_____	_____ %
_____	_____ %
_____	_____ %

Section 4 – Safety

Has OSHA issued any citations to the applicant's business? Yes No

Are there any lifting exposures? Yes No

If Yes, what is the maximum weight (lbs.) with equipment? _____ without equipment? _____

What is the maximum height(ft.) that employees work? _____

Does the applicant have a formal safety program? Yes No

Attach summary of safety program.

How many armed guards does the applicant's business employ? _____

Are armed guards employed directly or subcontracted? _____

Does the applicant's business have a testing laboratory? Yes No

Is proper safety equipment used at the applicant's business? Yes No

Is there a respiratory program in place? Yes No

Summary of respiratory program: _____

Section 5 – Operations

Is the applicant licensed by the state/county/city to grow/sell/process cannabis? Yes No

If yes, please include a copy of each license in your submission. If in a state that does not issue cannabis specific licenses, include the state sellers permit (from the Board of Equalization).

Is there driving exposure? Yes No

Is there delivery exposure? Yes No

Min/Max age of drivers: _____ to _____



Radius of Delivery (miles): _____ Number of Vehicles: _____ Number of Drivers: _____

Will the applicant’s business transport living cannabis plants to other businesses? Yes No

Will the applicant’s business transport harvested/processed/finished cannabis products to other businesses? Yes No

Will the applicant’s business deliver any cannabis products directly to consumers? Yes No

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 the applicant’s business collect DMV records from all employees prior to employment? Yes No

Does the applicant’s business allow any firearms or weapons in the vehicles? Yes No

Is the applicant’s business a farm labor contractor or staffing agency? Yes No

Is 8742 (Outside Sales) an included class code? Yes No

If Outside Sales is an included class code, please provide a description of duties: _____

Section 6 – Cultivation

What % of harvesting is a mechanized or a manual process? Mechanized _____% Manual _____%

Does the applicant’s business apply pesticides? Yes No

List all local, state and federal laws, regulations and ordinances pertaining to the storage, use, and disposal of any pesticides by the applicant’s business. _____

Section 7 – Manufacturing/Cooking

Which methods of oil extraction are used by the applicant’s business: CO2 Butane Ethanol Water
 Steam Distillation Other: _____

Does the applicant’s business use any butane, propane, CO2 or other gases in the manufacturing process? Yes No

Does the applicant utilize a closed loop system in extraction process? Yes No

Explain how applicant maintains equipment: _____

List all local, state, and federal laws, regulations and ordinances pertaining to the storage, use, and disposal of gases used by the applicant’s business. _____
