

Cannabis, Hemp & CBD Insurance Program Workers' Compensation Supplemental

| Legal Business Name:                            | FEIN # (Tax ID):  |
|-------------------------------------------------|-------------------|
| DBA (s):                                        | Years in Business |
| Who is the Employer of Record (entity on 941s)? |                   |
| 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? $igcap$ Yes $igcap$ No                   |
|------------------------------------------------------------------------------------------------------------|
| Has OSHA Issued any citations to your business: $igtriangleta$ Yes $igtriangleta$ No                       |
| If yes, please explain:                                                                                    |
| Does your operation include any lifting exposure: $\bigcirc$ Yes $\bigcirc$ 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? $\bigcirc$ Yes $\bigcirc$ No                            |
| Does your business use guards: O Yes O No                                                                  |
| Are they armed? $\bigcirc$ Yes $\bigcirc$ No                                                               |
| Are the guards subcontracted? O Yes No                                                                     |
| If your business uses guards either subcontracted or on payroll, please provide the following information: |
| 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? | O Yes      | No   |
|-----------------------------------------------------------------------------------------------------------|------------|------|
| If so, please submit a copy of each issued license/temporary license along with this application          | $\bigcirc$ |      |
| Are there any cultivation operations? If so, IndoorOutdooror Both? Ves                                    | () No      |      |
| If both, are payrolls separate? O Yes O No                                                                |            |      |
| Are you conducting extraction activities? $\bigcirc$ Yes $\bigcirc$ No                                    |            |      |
| If yes, what chemicals are used in this process?                                                          |            |      |
| If yes, what personal protective equipment is used for this exposure specifically?                        |            |      |
| Is your business a farm labor contractor or staffing agency?                                              |            |      |
| Does your business have any delivery exposure? O Yes O No                                                 |            |      |
| Are the drivers subcontracted out? $\bigcirc$ Yes $\bigcirc$ No                                           |            |      |
| If yes, must have a copy of the Risk Transfer Agreement within 30 days of binding $^{\star\star}$         |            |      |
| 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 vehiclesmarked orunmarked:                                                                        |            |      |
| Does your business transport any living cannabis plants to other businesses? $igcap$ Yes $igcap$ No       |            |      |
| Does your business transport harvested/processed/finished cannabis products to other businesses?          | O Yes      | O No |
| Does your business deliver any cannabis products directly to consumers? O Yes O 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? $\bigcirc$ Yes $\bigcirc$ No         |            |      |
| Are drivers allowed to take any cannabis inventory and/or money home? O Yes O No                          |            |      |
| Does your business collect DMV records (MVR's) for each driver? O Yes O No                                |            |      |
| *Please complete the attached completed MVR template for all employees driving (attached)                 |            |      |
| Does your business allow any firearms or weapons in operating vehicles? O Yes O No                        |            |      |
|                                                                                                           |            |      |
| COVID-19 Questions:                                                                                       |            |      |
| What type of PPE is provided/mandated for use by Employees?                                               |            |      |
|                                                                                                           |            |      |
| What protocols are in place for admission to retail stores by customers?                                  |            |      |
| Are the number of customers limited and how is that managed?                                              |            |      |
| Do you offer curbside pickup? O Yes O No                                                                  |            |      |
| What additional disinfecting measures have been put into place?                                           |            |      |
|                                                                                                           |            |      |
| Are you taking the temperatures of employees prior to the start of their workday? O Yes O No              |            |      |
|                                                                                                           |            |      |

|                                                                            | $\frown$ |
|----------------------------------------------------------------------------|----------|
| Are any employees currently working off-premises as a means of distancing? | 🔾 Yes    |

If Yes, what are these roles and what is the timetable and plan for their return? Will their duties change once returned?

| If delivery (B2C or B2B) is taking place, are there additional safety measures implemented to protect drivers?<br>If Yes, please explain: | O Yes     | O No |    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|----|
| Do you have an assigned individual that will take every employees temperature prior to their admittance to work                           | each day? | Yes  | No |
| If Yes, will this be documented in a spreadsheet to include their temperature along with the date/time ?                                  | Yes       | No   |    |
| Please send all Cannabis WC Submissions to CannWC@canngenins.com                                                                          |           |      |    |

O No

## 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)

## MVR Template

| First Name | MI | Last Name | DOB         | License State | License Number | Date of Hire |
|------------|----|-----------|-------------|---------------|----------------|--------------|
| -          |    |           | (MM/DD/YYY) | Abbreviation  |                |              |
|            |    |           |             |               |                |              |
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<u>:</u>