

Cannabis Workers Compensation Program Supplemental Application

GENERAL INFORMATION					
Legal Business Name: _____					
% of Operations in the following:					
Cultivation ____%	Processing ____%	Manufacturing ____%	Retail ____%	Laboratory ____%	Delivery ____%

SAFETY INFORMATION	
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.) without assistance?: _____	
What is the maximum height(ft.) that employees work?: _____	
Does the applicant have a formal safety program?	[] Yes [] No
Does the applicant's business employ any armed guards?	[] Yes [] No
If armed guards are subcontracted, do they collect COIs?	[] Yes [] No
Is there a respiratory program in place?	[] Yes [] No

OPERATIONS	
Do any of the applicant's operations or locations allow for the use or consumption of cannabis by employees, customers or general public?	[] Yes [] No
Is the applicant licensed by the state/county/city to grow/sell/process cannabis? (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)	[] Yes [] No
Is there driving/delivery exposure?	[] Yes [] No
Min/Max age of drivers: _____ to _____	
Does applicant operate any cannabis tours or shuttle services that allow cannabis use by the passengers?	[] Yes [] No
Radius of Delivery (miles): _____ Number of Vehicles: _____ Number of Drivers: _____	
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 take any cannabis inventory and/or money home?	[] Yes [] No
Does the applicant's business collect DMV records from all employees prior to employment and at least annually?	[] 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

DECLARATION			
<p>I declare that after proper inquiry the statements and particulars given in this application are true and that I have not misstated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.</p>			
Signed:		Dated:	
Printed, Full name of signatory:		Title:	