

Cannabis Operations Supplemental Application Workers' Compensation

I. APPLICANT OVERVIEW

Applicant Name: _____

Mailing Address: Address Line 1: _____ Address Line 2: _____
 City: _____ State: _____ Postal Code: _____

Person Completing Form:

Mailing Address: Address Line 1: _____ Address Line 2: _____
 City: _____ State: _____ Postal Code: _____

Who Should PMC Insurance contact to schedule an on-site Loss Control Survey, if needed?

Mailing Address: Address Line 1: _____ Address Line 2: _____
 City: _____ State: _____ Postal Code: _____

List all DBA's: _____ Website: _____

II. OPERATIONS

Description of Operations (check all that apply and include %):

Dispensary _____ % Cultivation Facility _____ % Processing Facility _____ %
 Extraction _____ % Bakery _____ % Laboratory _____ %

Years in Business: _____ # of Locations: _____ Total # of Dispensaries: _____

% of Operations

Medical _____ % Recreational: _____ % Laboratory Services to 3rd Party Operations: _____ %

Hours of Operations

at Dispensaries: _____ at Grow / Processing Facilities: _____

% of Cultivation Split:

Indoor _____ % Greenhouse _____ % Outdoor _____ %

Total Cultivation Area:

_____ Sq. Ft. or _____ Acres

of Employees:

Full-time: _____ Part-time: _____ Seasonal: _____ Volunteers: _____

Are Subcontractors used: Yes No

If "Yes", are COI's obtained from subcontractors? Yes No

Are any day labors or employees leasing used? Yes No

Which of these methods of oil extraction are used by the applicant's business:

CO ₂	Butane	Tincture	Hexane	Propane	Ethanol
Water	Press	Pentane	Steam Distillation		
Other: _____					

Does the applicant have a formal program regarding the use, storage, and disposal of pesticides, compressed gases, volatile substances and other hazardous chemicals? Yes No

Does the applicant have a formal respiratory program? Yes No

III. SECURITY

Does the applicant use armed guards? Yes No
If yes, are they employees or a 3rd party firm under contract with risk transfer back to the Cannabis operations

Are premises equipped with video surveillance systems? Yes No
If "Yes", does an outside firm monitor the video? _____

Describe what security systems are being used (check all that apply):

Interior Cameras	Metal Detectors	Panic Buttons	Exterior Cameras
Exterior Cameras	Central Station Fire & Security Firm	Intercom Systems throughout the Operation(s)	
Others, please list: _____			

Is there a written security plan, including what to do in the event of a robbery? Yes No

Have there been any armed robbery or assaults been reported in the past at any of the operations? Yes No
If "Yes", please describe:

Describe how cash transactions or bank deposits are handled to ensure employee safety and security:

Are there Daily pick-ups of cash by 3rd party services? Yes No

Do any employees transport more than \$2,500 in cash? Yes No
If "Yes", please describe:

IV. DRIVING AND DELIVERY

Is there any driving exposure? Yes No

If "Yes", please advise on the radius: _____ miles

What is the number of drivers? _____

Are independent contractors used for driving? Yes No

If "Yes", please provide %: Employee Drivers: _____ % Independent Contractors: _____ %

If the insured uses security guards, do they also travel in the distribution vehicles? Yes No

Will the insured deliver any cannabis products directly to the consumers? Yes No

Will the insured transport cannabis to other business? Yes No

Are employees driving personal vehicles or operations' fleet vehicles? # of personal: _____ # of operation's _____

If operation's vehicles are used how many? _____

Do the vehicles that transport the insured's product or money have an active alarm system and GPS tracking systems within the vehicles? Yes No

If "Yes", what are those systems?

Name of Person Signing (please type or print)

Signature

Date