www.pmcinsurance.com
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(877) PMC-COMP

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: _____

Is proper state licensing in place? ○ Yes ○ No

Please list: _____

Does the insured have transparent banking in place (i.e. relationship with a State Credit Union? ○ Yes ○ No

If "Yes", please provide the names of any banking institution: _____

Has the insured ever been fined by any legal authority? ○ Yes ○ No

If "Yes", please explain: _____

% 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

Does the Cultivation Operation use 100% LED lighting in all grow rooms? ○ Yes ○ No

If "No", what % are: LED _____ % High Pressure Sodium: _____ % Metal Halide: _____ %

Other High Intensity Discharge: _____ %

III. SECURITY

Does the applicant use, employ, or contract with armed guards for any purpose? ○ Yes ○ No

If "Yes", # of W2 employees: _____ # of outside contractors: _____

Does the applicant use, employ, or contract with armed guards for any purpose? ○ Yes ○ No ○ n/a

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 ☐ Controlled Access

☐ 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: _____ %

Is there any direct customer deliver by your employees? ○ Yes ○ No

If "Yes", what is the percentage of sales derived from deliveries by employees? _____ %

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**