CannGen INSURANCE SERVICES

T 888.751.3141 canngenins.com

EMAIL COMPLETED APP TO:
cannwc@canngenins.com

Cannabis, CBD, and Hemp Program
WORKERS COMPENSATION SUPPLEMENTAL

EFFECTIVE DATE: **QUOTE BY DATE:**

APPLICANT INSTRUCTIONS:
1. All applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Application must be signed and dated by the owner, partner, or officer at time of binding. Signatures must be current within 10 days of bind request.

SECTION 1 ACCOUNT INFORMATION

Legal Business Name: **Enterprise Type:** Choose an Item...

DBA(s): *(If applicable)*

FEIN # (Tax ID): **Years in Business:*** Choose an item... *If you select 'New Venture', please complete **Section 6** on page 2.*

Provide the number of 'Direct Hires' and 'Independent Contractors' *(if applicable)* for each role below:

Role	W2 - Direct Hire*	1099 - Independent Contractors
Employees - FT		
Employees - PT		
Guards		

NOTE: If any guards or drivers are direct employees, complete **Section 5 on page 2.*

1. **Mark any applicable subcontracted exposure:** ☐ Delivery ☐ Guard ☐ Other: _____

2. ☐ Y ☐ N **If any of the workforce is subcontracted, are COI's showing WC coverage required and collected by the insured?**
Please provide copies at binding.

SECTION 2 LICENSE & PAYROLL INFORMATION

1. ☐ Y ☐ N **Is the applicant licensed by your state/county/city to grow, sell, process or manufacture cannabis?**

2. **Please indicate what type(s) of licenses this insured holds:**
☐ Retail ☐ Cultivation ☐ Manufacturing ☐ Distribution ☐ Testing ☐ Other: _____

3. **Please list the employer of record/name on 941s:**
_____

Please provide historical premiums and payroll totals for all available years:

YEAR	PREMIUM	PAYROLL
Current Term		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		
5th Prior Year		

SECTION 3 SAFETY

1. ☐ Y ☐ N **Has OSHA issued any citations to the applicant?**
   a. *If yes, please explain:* _____

2. ☐ Y ☐ N **Does the applicant include any lifting exposure?**
   a. *If yes, what is the maximum weight (in lbs.) with equipment:* _____ */ without equipment:* _____

3. **What is the maximum height (ft.) that employees work?** _____ ft.
   a. *If above ground, please explain:* _____

Continue to 'SECTION 4' on next page...

SECTION 4 OPERATIONS

1. ☐ Y ☐ N **Are there any cultivation operations?** *If yes, please choose:* Choose an item...

2. ☐ Y ☐ N **Does the applicant conduct manufacturing activities?**
   a. *If yes, what types of products are they manufacturing?* _____

3. ☐ Y ☐ N **Does the applicant conduct extraction activities?**
   a. *If yes, what chemicals are used in this process?* _____
   b. *If yes, what PPE is used for this exposure specifically?* _____

4. ☐ Y ☐ N **Does the applicant utilize temporary staffing or labor contracting services of any type?**

5. ☐ Y ☐ N **Does the applicant provide temporary staffing or labor contracting services of any type to other companies?**

6. ☐ Y ☐ N **In the next 12 months, do you plan to: Expand operations into a new state or create a new entity? Acquire or merge with another entity? Sell a majority ownership stake?**
   If yes, provide additional details.

SECTION 5 OPERATIONS – DELIVERY, DISTRIBUTION, AND GUARDS

1. **If guards are directly employed, please answer the following:**
   a. ☐ Y ☐ N **Are guards armed?**
   b. *Provide details about their training:*

2. **If drivers are directly employed, please answer the following:**
   a. What is the applicant's radius of operation? _____
   b. How many vehicles does the applicant use? Owned: _____ / Hired & Non-Owned: _____
   c. How many employees with driving duties? _____
   d. What are the age ranges of drivers? Min Age: _____ / Max Age: _____
   e. ☐ Y ☐ N Are the vehicles marked?
   f. ☐ Y ☐ N Does the applicant transport living/harvested/processed/finished cannabis products to other businesses?
   g. ☐ Y ☐ N Does the applicant transport any cannabis products directly to consumers?
   h. What is the allowed maximum product and/or cash value (in $) carried by drivers? $_____
   i. ☐ Y ☐ N Please provide a description of any lockbox or safety protocols installed in the vehicle:
   j. ☐ Y ☐ N Are drivers allowed to make personal stops while transporting goods?
   k. ☐ Y ☐ N Are drivers allowed to take any cannabis inventory and/or money home?
   l. ☐ Y ☐ N Does your business allow any firearms or weapons in operating vehicles?
   m. ☐ Y ☐ N Does your business collect DMV records (MVR's) for each driver?

SECTION 6 NEW VENTURES

1. **Please provide a description of the owners' or management's prior experience operating this type of business. Include any applicable experience operating both cannabis and non-cannabis businesses.**

2. **What is the expected start or hire date for the insured?** _____

3. **If the business is currently open and operating, when was the first W-2 employee hired?** _____

SECTION 7 SUBMISSION REQUIREMENTS

Please send all Workers Compensation submissions to: cannwc@canngenins.com

▶ A complete submission should include:

- ☐ ACORD 130
- ☐ Completed supplemental application (CannGen WC 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)

THIS APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF INCEPTION DATE.

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY.

APPLICANT		BROKER	
Authorized Applicant Signature:	**Date Signed:**	**Broker Signature:**	**Date Signed:**
Applicant Name:		**Broker Name:**	
Applicant Title:		**Name of Firm:**	
Phone Number:		**Phone Number:**	
Requested Effective Date:			