



Cannabis Supplemental

Prospective Client Name: _____ FEIN#: _____

Active Years in Business: _____ Website Address: _____

Contact Name: _____ Title: _____ Phone #: _____

Prior Payroll & Premium Information

	Annual Payroll	Premium
Current Year		
Prior Year		
2 nd Prior Year		

Operations / Exposures

Hours of operation: _____ to _____ # of Locations: _____ # of Shifts: _____

Of Employees: Full-Time _____ Part-Time _____ Seasonal _____ Volunteer _____

1. What type of operations are performed (check all that apply)? Dispensary Grow Indoor Grow Outdoor
 If outdoor operations, what type(s) of protective barriers are used?

2. Which type of cannabinoids do you work with (check all that apply)? CBD THC
3. What is the intended use of the product (check all that apply)? Recreational Use Medical Use
4. Does the operation include any of the following (check all that apply)?
 Extraction Infused Products Manufacturing Baking
 If extraction is performed, is the process (check all that apply): CO2 Propane/Butane
 Other, explain: _____
5. Yes No N/A Does the Cannabis Extraction Room (CER) meet all Federal and State UBC and NEC codes?
6. Yes No N/A Do the CER walls and doors meet standard 1-hour fire resistance requirements?
7. Yes No N/A Does the CER have a gas detection / alarm system?
 If yes, is the system equipped with ventilation system interlock to ensure it stays on, or turns on? Yes No
8. Yes No N/A Does the CER have a ventilation system engineered with adequate flow rate and exhaust hood?
9. Yes No N/A Does the CER have spark resistant electrical outlets, switches, and lighting?
10. Yes No N/A Is the CER equipped with operation controls outside of the extraction room?
11. Yes No N/A Is cannabis extraction safety training conducted with all employees?
 If yes, is the training Informal Formal and documented
12. Yes No Is emergency evacuations safety training conducted with all employees?
 If yes, is the training Informal Formal and documented
13. Yes No Are there security guards present at the facility? If yes, what % are armed _____ and what % are unarmed _____?
14. Yes No Are printing operations performed? If yes, describe: _____
15. Yes No Are there packaging / repackaging operations? If yes, describe: _____
16. Yes No N/A Do employees install and/or maintain the irrigation systems & equipment?
 If yes, provide details: _____



Safety / Equipment / Premises

17. Yes No Have loss control services been performed in the last 12 months?
18. Yes No Has OSHA / Cal/OSHA visited your business in the last 12 months?
19. Yes No Is there a formal Safety Program in place?
20. Yes No Is there an employee orientation program?
If yes, is the orientation Informal Formal and documented
21. Yes No Are regular safety meetings conducted?
If yes, how often? Daily Weekly Monthly Quarterly Annually Other, explain:

22. Yes No Do you have a safety director/risk manager?
If yes, Name: _____ Title: _____
23. Yes No Is work performed at heights?
If yes, what is the maximum height exposure? _____
What type of equipment is used to work at heights? Ladder Scaffolding Scissor Lifts N/A
If scaffolding is used, does the insured build their own? Yes No
24. Yes No Is there lifting exposure?
If yes <25lbs 25 – 40lbs >40 lbs
If greater than 40 lbs, is the lifting Manual With assistance
Explain: _____
25. Yes No Are forklifts used?
If yes, is training provided? Yes No
26. Yes No Is Personal Protective Equipment (PPE) provided?
If yes, what type? _____
Is utilization strictly enforced? Yes No
27. Yes No Is a respiratory program in place?
28. Yes No N/A Is all machinery properly guarded?
29. Yes No N/A Are all equipment operators trained / certified?
30. Yes No Is there a written security plan including written procedures in case of a security event?
31. What is the condition of the equipment? New Used Average
32. What is the condition of the building / premises? New Good Average
33. Are the buildings / premises Owned Leased
34. What type of security systems/devices are used on the premises (check all that apply)?
 Central Station Burglar Alarm Central Station Fire Alarm Panic Button
 Interior Motion Detectors Gated/Barred Windows/Doors Door Greeter/ID Checker
 Double Entrance / Man Trap Vision Obscured Fencing (8' or higher) Safe/Vault
 Door Intercom Exterior Cameras Interior Cameras

Driving Exposure

35. Yes No Is there driving exposure?
 If yes, how often? Daily Weekly Other, explain: _____
 Number of drivers? _____
 Number of vehicles? _____
 Are vehicles company owned? Yes No
 If yes, is there a fleet/vehicle maintenance program in place? Yes, inhouse Yes, outside vendor No
- What is the radius of travel? _____
 Is there any group transportation of employees? Yes No
 If yes, explain: _____
- Do you transport crops/plants? Yes No
 Do you deliver to customer's homes? Yes No
 Do you deliver to customer's places of business? Yes No
 Do employees take company vehicles home? Yes No
 Is there any 3rd party delivery? Yes No
 If yes, explain: _____

Employees / Hiring Practices / Claims

(Check all that apply)

- Written Application Reference Checks Criminal Background Checks Pre-Hire Drug Testing
 Post-Accident Drug Testing Random Drug Testing Pre-Employment Physical MVR Checks
36. Yes No Are the owners active in the daily operations?
 If yes, are they excluded from coverage? Yes No
37. Yes No Are formal job descriptions on file?
38. Yes No Is job specific training provided?
39. Yes No Is there an employee orientation program?
 If yes, is the orientation Verbal Verbal and Documented
40. Yes No Do the employee files include Medical Questionnaires?
41. Yes No Do you have a formal written accident report?
42. Yes No Are there set procedures for reporting claims? If yes, explain:

43. Yes No Do you use/recommend a specific medical provider to treat injured employees?
44. Yes No Do you have a Return to Work (RTW) Program in place?
 If yes, does it include salary continuation? Yes No
45. How are employees paid (check all that apply)? Hourly Piece Rate Commission Salary Other, explain:

46. Do employees receive any of the following (check all that apply)? Paid Sick Time Hourly Paid Vacation
 Group Health Coverage (% paid by employer _____)



BUSINESS INSURERS OF GEORGIA

Additional Remarks / Explanations

Owner Signature

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Owner/Officer (Signature): _____ Date: _____

Owner/Officer (Print): _____ Title: _____