



**Cannabis, CBD, and Hemp Program  
Workers' Compensation Supplemental**

Email to: [cannwc@canngenins.com](mailto:cannwc@canngenins.com)

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Quote By Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 1: ACCOUNT INFORMATION

Legal Business Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
FEIN # (Tax ID): \_\_\_\_\_ Years in Business: \_\_\_\_\_ Business Operations: Cannabis (%) \_\_\_\_\_ Hemp (%) \_\_\_\_\_  
Employee Breakdown (current): Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Leased: \_\_\_\_\_  
Expected Growth % in the next 12 months: \_\_\_\_\_

## SECTION 2: LICENSE/PAYROLL

1. ☐ Yes ☐ No 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. ☐ Yes ☐ No Is the referenced first named insured on the application also the licensed entity?
4. Who is the employer of record (entity on 941's/paying payroll)? \_\_\_\_\_

## SECTION 3: SAFETY

1. ☐ Yes ☐ No Does the applicant have an injury and illness prevention program?
2. ☐ Yes ☐ No Has OSHA issued any citations to the applicant?  
a. If yes, please explain: \_\_\_\_\_
3. ☐ Yes ☐ No Does the applicant include any lifting exposure?  
a. If yes, what is the maximum weight (in lbs.) with equipment \_\_\_\_\_ / without equipment \_\_\_\_\_
4. ☐ Yes ☐ No Does the applicant utilize guards? If yes, complete 4a-4d  
a. ☐ Yes ☐ No Are they armed?  
b. Are they W-2 or subcontracted? \_\_\_\_\_  
c. ☐ Yes ☐ No If employed (W-2), please provide details about their training: \_\_\_\_\_  
d. ☐ Yes ☐ No If subcontracted, are COI's showing WC coverage required and collected by the insured?
5. What is the maximum height (ft.) that employees work? \_\_\_\_\_ ft  
If over 10 ft., please explain: \_\_\_\_\_

## SECTION 4: OPERATIONS

1. ☐ Yes ☐ No Are there any cultivation operations? If yes, please choose: \_\_\_\_\_
2. ☐ Yes ☐ No Does the applicant conduct manufacturing activities?  
a. If yes, what types of products are they manufacturing? \_\_\_\_\_
3. ☐ Yes ☐ No 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. ☐ Yes ☐ No Is the applicant a farm labor contractor or staffing agency?
5. ☐ Yes ☐ No Does the applicant have direct or subbed delivery exposure? If yes, please complete section 4.A., otherwise skip.



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**SECTION 4A: OPERATIONS – DELIVERY**

1. ☐ Yes ☐ No Are the drivers subcontracted out?
- a. ☐ Yes ☐ No Does subcontracted delivery company have their own Workers Comp coverage and a COI on file?
2. If they are directly employed, what is the applicant's radius of operation? \_\_\_\_\_
- a. How many vehicles does the applicant use? Owned: \_\_\_\_\_ / Hired & Non-Owned: \_\_\_\_\_
- b. How many drivers does the applicant employ? \_\_\_\_\_
- c. What are the age ranges of drivers? Min Age: \_\_\_\_\_ / Max Age: \_\_\_\_\_
- d. ☐ Yes ☐ No Are the vehicles marked?
- e. ☐ Yes ☐ No Does the applicant transport any living cannabis plants to other businesses?
- f. ☐ Yes ☐ No Does the applicant transport harvested/processed/finished cannabis products to other businesses?
- g. ☐ Yes ☐ No 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. Please provide a description of any lockbox or safety protocols installed in the vehicle:  
\_\_\_\_\_  
\_\_\_\_\_
- j. ☐ Yes ☐ No Are drivers allowed to make personal stops while transporting goods?
- k. ☐ Yes ☐ No Are drivers allowed to take any cannabis inventory and/or money home?
- l. ☐ Yes ☐ No Does your business allow any firearms or weapons in operating vehicles?
- m. ☐ Yes ☐ No Does your business collect DMV records (MVR's) for each driver?

***\*Please complete the MVR template below. Protective will be running MVR's if needed.***

FIRST NAME	MI	LAST NAME	DOB	LICENSE STATE	LICENSE #	DATE OF HIRE

**SUBMISSION REQUIREMENTS**

Please send all Workers Compensation submissions to [cannwc@canngenins.com](mailto: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 Section:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Broker Section:

Broker Signature: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_