

Method Insurance Services – Cannabis Supplemental Application

Insured:		Need by Date:	
FEIN:		Website:	
Expiring Premium:		Targeting Premium:	
Controlled Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years in Business:	
Hours of Operation:		Number of Shifts:	
Detailed Description of Operations:			

Historical Payrolls

Expiring:		1st Prior:		2nd Prior:		3rd Prior:		4th Prior:	
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Account Information

- Is the applicant licensed by your state/county/city to grow, sell, process, or manufacture cannabis? ☐ Yes ☐ No
- Please indicate what type(s) of licenses this insured holds:
☐ Retail ☐ Cultivation ☐ Manufacturing ☐ Distribution ☐ Testing ☐ Other: _____
- Is the referenced first named insured on the application also the licensed entity? ☐ Yes ☐ No
- Who is the employer of record (entity on 941's/paying payroll)? _____

Safety

- Describe the client's written/formal safety program.

- Describe the client's security plan in event of robbery.

- Have you had any robberies in the past? ☐ Yes ☐ No
 If yes, how many? _____
- Describe the Drug Testing conducted for employment.

- Has OSHA issued any citations to the applicant? ☐ Yes ☐ No
 If yes, please explain: _____
- Does the applicant include any lifting exposure? ☐ Yes ☐ No
 If yes, specify the maximum weight (lbs.) lifted with equipment: _____ without equipment: _____

7. Does the applicant utilize guards? (If yes, answer the following 3 questions.) ☐ Yes ☐ No
 Are they armed? ☐ Yes ☐ No
 If subcontracted, are COIs showing workers' compensation coverage required and collected by the insured? ☐ Yes ☐ No
 If W-2 employed, please provide details about their training: _____
8. Check the boxes describing the video surveillance and security systems equipped on the premises:
- | | | |
|---|--|---|
| <input type="checkbox"/> Interior Camera(s) | <input type="checkbox"/> Interior Motion Detectors | <input type="checkbox"/> Panic Button |
| <input type="checkbox"/> Exterior Camera(s) | <input type="checkbox"/> Central Station Burglar Alarm | <input type="checkbox"/> Metal Doors |
| <input type="checkbox"/> Gated Doors | <input type="checkbox"/> Central Station Fire Alarm | <input type="checkbox"/> Door Intercom |
| <input type="checkbox"/> Gated Windows | <input type="checkbox"/> Security Vestibule/Mantrap | <input type="checkbox"/> Metal Detector |
9. Describe the screening practices in place for both employees and visitors.

10. Does the insured apply their own pesticides? ☐ Yes ☐ No
11. Is pesticide application subcontracted to a third party? ☐ Yes ☐ No
 If yes, are certificates of workers' compensation insurance collected? ☐ Yes ☐ No
12. What is the maximum height (ft.) that employees work? _____
 If over 10 ft., please explain: _____

Operations

1. Are there any cultivation operations? ☐ Yes ☐ No
 If yes, which? ☐ Indoor ☐ Outdoor ☐ Indoor and Outdoor
2. Does the insured engage in any manufacturing or baking activities? ☐ Yes ☐ No
 If yes, please specify the products manufactured or baked: _____
 Please describe the manufacturing or baking process:

3. Does the applicant conduct extraction activities? ☐ Yes ☐ No
 If yes, what chemicals are used in this process? _____
 If yes, what PPE is used specifically for this exposure? _____
4. Describe the respiratory program in place. ☐ N/A

5. Describe the building's ventilation. ☐ N/A

6. Is the applicant a farm labor contractor or staffing agency? ☐ Yes ☐ No
7. Do the insured's operations involve any use of compressed gases? ☐ Yes ☐ No
 If yes, what safety controls are in place for the use of gases in the extraction process?

Operations – Delivery

1. Are the drivers subcontracted out? ☐ Yes ☐ No
If yes, does the subcontracted delivery company have their own workers' comp coverage and a COI on file? ☐ Yes ☐ No
2. Does the insured have an MVR screening program in place? ☐ Yes ☐ No
3. Are criminal background checks performed? ☐ Yes ☐ No
If yes, are they required by the state? ☐ Yes ☐ No
If required by the state, are certification card requirements also used? ☐ Yes ☐ No
If they are directly employed, what is the applicant's radius of operation? _____
4. How many vehicles does the applicant use? Owned: _____ Hired & Non-owned: _____
5. How many drivers does the applicant employ? _____
6. What are the age ranges of drivers? Minimum age: _____ Maximum age: _____
7. Are the vehicles marked? ☐ Yes ☐ No
8. Are employees driving personal vehicles or the entity's fleet vehicles? ☐ Yes ☐ No
9. Does the applicant transport any living cannabis plants to other businesses? ☐ Yes ☐ No
10. Does the applicant transport harvested/processed/finished cannabis products to other businesses? ☐ Yes ☐ No
11. Does the applicant transport any cannabis products directly to consumers? ☐ Yes ☐ No
12. What is the allowed maximum product and/or cash value carried by drivers? \$ _____
13. Please provide a description of any lockbox or safety protocols installed in the vehicle.

14. Are drivers allowed to make personal stops while transporting goods? ☐ Yes ☐ No
15. Are drivers allowed to take any cannabis inventory and/or money home? ☐ Yes ☐ No
16. Does your business allow any firearms or weapons in operating vehicles? ☐ Yes ☐ No

Submission Requirements

Please send all Workers' Compensation submissions to submissions@methodinsurance.com. Include the following as applicable to the risk:

- ☐ Acord 130
- ☐ Completed supplemental application (required for staffing, cannabis, and risks over \$100K premium)
- ☐ MOD Worksheet
- ☐ Loss Runs for the last 3 years (valued within 90 days of the effective date)
- ☐ Need by Date
- ☐ Target Premium, if available