

## 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

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

### Safety

1. Describe the client's written/formal safety program.  
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2. Describe the client's security plan in event of robbery.  
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3. Have you had any robberies in the past?  Yes  No  
If yes, how many? \_\_\_\_\_
4. Describe the Drug Testing conducted for employment.  
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5. Has OSHA issued any citations to the applicant?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. 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](mailto: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