

Cannabis Guidelines



UNDERWRITING GUIDELINES

1. Licensed by all appropriate state and local agencies. Bureau of Cannabis Control (BCC) license number and expiration date must be provided.
2. Premium payment via check, ACH, cashiers check, money order or credit card. Cash payment of premium is not acceptable.
3. All wages, compensation, and payments to workers, including cash payments, are recorded in payroll register, DE-9 or 1099's and included in remuneration for workers' compensation policy and final audit.
4. No risks that have employee(s) carrying firearms.
5. Minimum payroll, excluding 8810-Clerical and 8742-Salespersons: \$200,000
6. Risk selection and pricing to be determined by PEI based upon individual risk operations/characteristics.

SUBMISSION GUIDELINES

1. Broker Acord application
2. Worker's Compensation Supplemental Application
3. Cannabis Supplemental Application (attached)
4. Currently valued loss runs for all years in business, up to 5 years
5. Experience mod worksheet, if applicable
6. WCIRB classification inspection report, if inspected

Cannabis Supplemental Application

WORKERS' COMPENSATION



GENERAL OVERVIEW

Legal business name:

Years in business?

Banking information:

How are employees paid?

Percent of Operations in the following:

Cultivation	Processing	Manufacturing	Retail
Laboratory	Delivery	Warehousing	

Is business licensed by the state/county/city for affiliated business functions? YES NO
(If yes, provide copy of license or sellers permit)

Hours of Operation?

Number of Employees? Full-time Part-time Seasonal Contracted Labor



SAFETY

Has OSHA issued any citations to the business? YES NO

Has business appointed a Safety Director? YES NO

Is safety accountability a component of annual review for managers and/or supervisors? YES NO

How many staff have attended OSHA 30-hour training?

Has the business developed and implemented an Injury Illness Prevention Program (IIPP)? YES NO

Is the business conducting formal safety meetings? YES NO How often?

Is the business conducting formal self-inspection process? YES NO How often?

Do work tasks require manual material handling? YES NO

If so, average weight of lift? Frequency of lift?

Is there a requirement to work at elevation? YES NO Ladder? YES NO

Mechanical lift? YES NO

Does your business have a hazardous communication program? YES NO

Does your business have work place hazards requiring special training or certification? (e.g. forklift use, LOTO, confined space) YES NO



NEW HIRE PROCESS

Has business developed a Job Description to include physical demands for each position? YES NO

During new hire interview process :

Is job description used? YES NO Do multiple staff interview applicant? YES NO

Are background checks completed for all applicants? YES NO

Is there a formal new hire orientation program? YES NO



MANUFACTURING

Does the business utilize compressed or flammable gas extraction system? YES NO

Complete following questions:

If oil extraction is performed, what types of extraction are utilized?

Tincture CO2 Butane Dry Ice Hexane

Open Blasting Press Propane

Alcohol Distillation or Heated Evaporation Other (describe)

Does a factory-trained technician install, service, and repair equipment? YES NO

Is there a formal checklist to ensure equipment is operating within strict accordance with the manufacturer's specifications? YES NO

Is the extraction process completed in a closed-loop system? YES NO

Are manufacturing supply chemicals and equipment isolated from production in separate rated room for fire and explosion? YES NO

Are manufacturing processes completed in specialty room designed for operation hazard(s)? YES NO

Type of room?

Commercial kitchen operations? YES NO

Are elevated temperature processes located beneath vented hood? YES NO

Is the hood installed with fire suppression system? YES NO

Are fuel supply lines marked and emergency shut off switch accessible? YES NO

The frequency of service:

How often are vent hood(s) cleaned?

Fire suppression system inspected?



CULTIVATION

Percent of operations: Indoor Outdoor

Square footage or acreage of cultivation area?

Greenhouse used? YES NO Structure dimensions?

Hoop Houses? YES NO Structure(s) dimensions?

Covering manually retracted? YES NO Frequency?

How many crop harvests per year? Do employees harvest crop? YES NO

Seasonal staff employed for harvest? YES NO

Contracted labor employed for harvest? YES NO

Chemical application necessary in maintaining crop? YES NO

Are there additional processing steps conducted to support crop harvest?



PROCESSING

Harvested crop processed in-house or contracted to service? YES NO

If contracted, is crop delivered or picked up by contractor? YES NO

Inhouse: Crop dried outdoors? Crop dried indoors?

Is Room equipped with mechanical environmental control system for temperature and humidity? YES NO

Crop secured to rack system during drying process? YES NO

Is a ladder required to access highest point on rack drying system? YES NO

Trim work? YES NO If yes, percentage manual versus mechanized?

Percentage of work completed: Employee Seasonal staff Labor Contractor

Describe ergonomic controls configured in trim workstation?

Measures introduced to reduce stress associated with work?

 Ergonomically designed scissors? YES NO

 Frequency scissors are sharpened?

 Cleaning solutions used to clean scissor blades?

Are administrative controls introduced to include:

Job rotation? YES NO

Stretching? YES NO

Delivery or Distribution

Are all driver's MVR reviewed? YES NO

Number of drivers?

Percent of deliver: residential business

Frequency of delivery?

Are driver's enrolled in Pull Program? YES NO

Number of vehicles used in delivery/distribution service?

Are the Delivery Vehicles Company owned? Employee owned?

Preventative Maintenance Program maintained for all vehicles? YES NO

Do vehicles meet State requirements for transport of cannabis? YES NO

Is vehicle cab installed with video camera? YES NO

Are vehicles equipped with global positioning system (GPS)? YES NO

Is software employed to monitor vehicle movement? YES NO

Do driver controls include:

No unscheduled stops?

No passengers?

Delivery radius percentage 0-51 miles 51-200 miles 201-plus miles



RETAIL/DISPENSARY

Operating hours?

Is each customer screened based on State requirements? YES NO

Product repackaging requirements?

Lifting exposure? YES NO

Frequency of lifts?

Maximum weight of required lift?

What means of transaction for customer purchase of product?

Receipts maintained on-premise? YES NO

If so, control measures?

Receipts transported to financial institute? YES NO

If so, is a contracted armored car service used? YES NO

If so, do employee(s) transport receipts? YES NO

If yes, how often?

Control measures for employee transport of receipts?



SECURITY

Details of installed security measures?

Installed security system monitored by U.L. Listed central stations during off-hours? YES NO

Panic alarms integrated into security system? YES NO

Security guard employed? YES NO

Employee or sub-contracted?

Number of guards per shift?

Armed or unarmed?

How do guards communicate?

PREFERRED EMPLOYERS
Insurance

| a Berkley Company

QUESTIONS?

If you have any questions—or need more information—please contact your underwriter or call (888) 472-9001. Thank you.