

Employer Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Operations Include (check all that apply) ☐ Dispensary ☐ Growing ☐ Processing

☐ Extraction ☐ Delivery

Employees (Number of Each) Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteer \_\_\_\_\_

#### General Risk Management

1. Do you have a safety program in place? ☐ Yes ☐ No

2. Are light duty or return-to-work programs available? ☐ Yes ☐ No

3. Do you conduct regular safety meeting? ☐ Yes ☐ No

#### Driving and Delivery

4. Fleet or Personal Vehicles ☐ Fleet ☐ Personal ☐ Both

5. Number of Drivers \_\_\_\_\_

6. Radius of Drivers \_\_\_\_\_

7. Are MVRs checked? ☐ Yes ☐ No

8. Do you currently have a driver safety program in place? ☐ Yes ☐ No

9. Does the insured deliver directly to customers? ☐ Yes ☐ No

If so, what percentage of the payroll is associated with delivery? \_\_\_\_\_

#### Respiratory Exposures (Chemical/Dust)

10. Do you have an MSDS program? ☐ Yes ☐ No
11. Chemicals Used: ☐ Herbicides ☐ Pesticides ☐ Ethanol ☐ Butane ☐ Propane  
(Check all that apply)  
If butane is used, are circulators used to remove and recycle butane? ☐ Yes ☐ No
12. Do you provide training for the use and storage of chemicals? ☐ Yes ☐ No
13. Do you have a respiratory program in place? ☐ Yes ☐ No
14. Is the building properly ventilated? ☐ Yes ☐ No
15. Is there an emergency plan in place in case of toxicity, fire, etc.? ☐ Yes ☐ No

#### Extraction

16. What type of extraction process is currently being used? ☐ Alcohol ☐ CO2 ☐ Ice Water ☐ Other

If you selected other, please list the method used. \_\_\_\_\_

17. Is extraction training provided? ☐ Yes ☐ No
18. Is the machinery guarded and maintained? ☐ Yes ☐ No

19. List all Personal Protective Equipment currently being used on site.
- ☐ Protective Clothing ☐ Ear Plugs ☐ Goggles ☐ Gloves  
☐ Non-Slip Shoes ☐ Steel-Toed Boots ☐ Hard Hats  
☐ Back Belts ☐ Masks ☐ Other

Other, please list: \_\_\_\_\_

#### Security

20. Security systems being used:
- ☐ Interior Camera(s) ☐ Metal Detector ☐ Panic Button  
☐ Exterior Camera(s) ☐ Central Station Fire Alarm Door  
☐ Intercom ☐ Gated Windows  
☐ Security Vestibule/Mantrap ☐ Other

Other, please list: \_\_\_\_\_

21. Is there a written security plan, including what to do in the event of a robbery? ☐ Yes ☐ No

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22. Are the security guards insured employees or outside security firm personnel? ☐ Insured Employees ☐ Outside Personnel

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23. Are the security guards armed? ☐ Yes ☐ No ☐ N/A

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24. If an outside security company is used, check the box if CIOs are obtained. ☐ Yes ☐ No ☐ N/A

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**Applicant Signature**

**Notice:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and may subject such person to criminal and civil penalties.

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

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

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

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

Producer Signature: \_\_\_\_\_

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