



S2S INSURANCE SPECIALISTS

WE PROVIDE COVERAGE FROM **SEED TO SALE**

Cannabis, Hemp & CBD Insurance Program
Workers' Compensation Supplemental

Legal Business Name: _____

FEIN # (Tax ID): _____

DBA (s): _____

Years in Business _____

Who is the Employer of Record (entity on 941s)? _____

Summary of Operations:

Business Operations: Marijuana (%) _____ Hemp - States of travel operations (%) _____ Copies of licenses are required

Employee Breakdown (Current)

Full Time	Part Time	Seasonal	Volunteer	Leased

Expected Growth % in next 12 months _____

List all commonly owned companies/entities (include ownership% and FEIN# for Each)

Company/Entity Name	FEIN #	% Ownership

Safety Questions:

Does Your Business have an injury and illness prevention program? Yes No

Has OSHA Issued any citations to your business: Yes No

If yes, please explain: _____

Does your operation include any lifting exposure: Yes No

If so, what is the maximum weight (in lbs.) with equipment. _____/ without equipment _____

What is the maximum height (ft.) that employees work: _____

Is proper safety equipment used in your operation? Yes No

Does your business use guards: Yes No

Are they armed? Yes No

Are the guards subcontracted? Yes No

If your business uses guards either subcontracted or on payroll, please provide the following information:

1. What kind of formal training do the armed guards have?
2. How long have they been in the field? Are they off-duty police officers, for example?
3. Do they ever leave the location of the insured? Do they ride along for deliveries?

Operational Questions:

Is your business licensed by your state, county, or city to grow, sell, process, or manufacture cannabis? Yes No

If so, please submit a copy of each issued license/temporary license along with this application

Are there any cultivation operations? If so, Indoor _____ Outdoor _____ or Both _____? Yes No

If both, are payrolls separate? Yes No

Are you conducting extraction activities? Yes No

If yes, what chemicals are used in this process? _____

If yes, what personal protective equipment is used for this exposure specifically? _____

Is your business a farm labor contractor or staffing agency? _____

Does your business have any delivery exposure? Yes No

Are the drivers subcontracted out? Yes No

If yes, must have a copy of the Risk Transfer Agreement within 30 days of binding**

If they are directly employed, what is your radius of operation? _____

How many vehicles do you use: Owned _____ / Hired & Non-Owned _____

How many drivers do you employ? _____

What are the age ranges of drivers?

i. Minimum Age _____

ii. Maximum Age _____

Are the vehicles _____ marked or _____ unmarked:

Does your business transport any living cannabis plants to other businesses? Yes No

Does your business transport harvested/processed/finished cannabis products to other businesses? Yes No

Does your business deliver any cannabis products directly to consumers? Yes No

Please provide delivery hours: _____

What is the maximum cash and product value carried by the drivers? \$ _____

Please provide a description of any lockbox or safety protocols installed in the vehicle:

Are drivers allowed to make personal stops while transporting goods? Yes No

Are drivers allowed to take any cannabis inventory and/or money home? Yes No

Does your business collect DMV records (MVR's) for each driver? Yes No

*Please complete the attached completed MVR template for all employees driving (attached)

Does your business allow any firearms or weapons in operating vehicles? Yes No

COVID-19 Questions:

What type of PPE is provided/mandated for use by Employees?

What protocols are in place for admission to retail stores by customers?

Are the number of customers limited and how is that managed?

Do you offer curbside pickup? Yes No

What additional disinfecting measures have been put into place?

Are you taking the temperatures of employees prior to the start of their workday? Yes No

Are any employees currently working off-premises as a means of distancing? Yes No

If Yes, what are these roles and what is the timetable and plan for their return? Will their duties change once returned?

If delivery (B2C or B2B) is taking place, are there additional safety measures implemented to protect drivers? Yes No

If Yes, please explain: _____

Do you have an assigned individual that will take every employees temperature prior to their admittance to work each day? Yes No

If Yes, will this be documented in a spreadsheet to include their temperature along with the date/time ? Yes No

A complete WC Submission should include:

- Acord 130
- Completed Supplemental (CannWC 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)

MVR Template

First Name	MI	Last Name	DOB (MM/DD/YYYY)	License State Abbreviation	License Number	Date of Hire

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