

WORKERS COMPENSATION SUPPLEMENTAL QUESTIONNAIRE



For Cannabis-Related Risks

SECTION 1

Legal Business Name: _____
Company Name

Does this Entity have sole ownership and control over all operations for which coverage is being sought? Yes No

If not, explain: (Use extension page if needed) _____

List all DBAs: (Use extension page if needed.) _____

Summary of Operations: _____

SECTION 2

Describe applicant's primary bank account, which will be used for ACH transactions with Applied:

Institution name: _____

Name on account: _____

Institution charter type (federal, state, credit union, Native American, public): _____

Date applicant began banking with this institution: _____

Account type: (commercial checking, personal checking, other): _____

If other, specify: _____

Average total monthly deposits into this account over prior six months: _____

Average total monthly withdrawals from this account over prior six months: _____

Provide three months' statements for this bank account (transaction amounts should be visible but payees may be obscured).

Provide a letter from applicant's bank verifying the account is active and in good standing.

SECTION 3

Has OSHA issued any citations to applicant? Yes No

Does the applicant have a formal safety program? Yes No
If yes, attach summary of safety program.

Does applicant have a formal respiratory program? Yes No
If yes, attach summary of respiratory program.

Does applicant use, employ or contract with armed guards for any purpose? Yes No
If yes, explain: (Use extension page if needed) _____

WORKERS COMPENSATION SUPPLEMENTAL QUESTIONNAIRE



For Cannabis-Related Risks

Does applicant have a formal program of response to theft, assault or other crimes? Yes No
If yes, attach summary of crime response program.

Does applicant's business require licensing by state/county/city to grow/sell/process cannabis? Yes No
If yes, include a copy of each license in your submission. If in a state that does not issue cannabis-specific licenses, include the state sellers permit (from the Board of Equalization or equivalent).

Is there any driving exposure? Yes No

Is there any delivery exposure? Yes No

Will any deliveries be made to residential addresses and/or consumers? Yes No
If yes, explain: _____

Is there any outdoor cultivation exposure? Yes No
If yes, explain: _____

Does applicant operate a labor contracting business/staffing agency/PEO? Yes No
If yes, explain: _____

Which of these methods of oil extraction are used by the applicant's business:

- CO2
- Butane
- Ethanol
- Water
- Steam Distillation
- Other _____

Does applicant have a formal program regarding the use, storage and disposal of pesticides, compressed gases, volatile substances and other dangerous chemicals? Yes No
Attach summary of chemicals program.

SECTION 4

Please describe how the applicant prevents the distribution of marijuana to minors:

Please describe how the applicant prevents revenue from the sale of marijuana from going to criminal enterprises, gangs and cartels:

WORKERS COMPENSATION SUPPLEMENTAL QUESTIONNAIRE



For Cannabis-Related Risks

Please describe how the applicant prevents possible diversion of marijuana from states where medicinal and/or recreational use of marijuana is legal under state law to states where medicinal and/or recreational use of marijuana is not legal under state law:

Please describe how the applicant prevents the use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity:

Please describe how the applicant prevents the use of violence and/or firearms in the cultivation and distribution of marijuana:

Please describe how the applicant prevents drugged driving or other possibly adverse public health consequences associated with marijuana use?

Please describe how the applicant prevents growing or purchasing marijuana on public lands:

Please describe how the applicant prevents the possession or use of their product on federal property:
