



**Marijuana/Cannabis Operations
Supplemental Questionnaire**

General Information:

1) Type of Marijuana/Cannabis Operation: Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Processor (useable bud only) | <input type="checkbox"/> Processor (bud and more) |
| <input type="checkbox"/> Indoor Grower | <input type="checkbox"/> Greenhouse Grower |
| <input type="checkbox"/> Outdoor grower (no structure) | <input type="checkbox"/> Medical Dispensary |
| <input type="checkbox"/> Lab/Testing | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Recreational |

2) Year business started:

a. Years of experience in Medical/Recreational Marijuana industry:

3) Do you have and maintain all required state and local licenses and permits for the business operations for which you are applying for workers compensation insurance?

a. City permit # and/or State license # OR

b. Copy of application for city permit and/or State license

4) Do you own any other businesses?

a. If yes, provide a description of operations and the number of employees for that entity. Are these employees covered by a Workers' Compensation policy?

5) Do you have volunteers or non-paid workers?

- a. If yes, please state if you compensate them in any form other than money for the work they render to your business.

6) Do you maintain a drug-free workplace?

- a. If yes, please describe how you enforce a drug-free workplace.

7) Do you use temporary staffing workers or leased employees in your operation?

- a. If yes, describe the nature of the work they perform/duration of their contract/name of the staffing/leasing company and if the applicant has ownership rights to the staffing/leasing company.

8) Are you a Farm Labor Contractor providing employees to cannabis operations other than cultivation?

- a. If yes, please state below the nature and the duration of work performed for the clients by your employees.

9) What are your hours of operation?

- a. Do you operate in shifts? If yes, how many shifts?
- b. Do you have night shifts? If yes, what kind of job duties are performed at night?

10) Do you maintain a warehouse for storage of your products?

- a. If yes, where is the location?
- b. If yes, did you include the number of employees and their payrolls on your application?

11) Please outline the security measures implemented for the safety of your business and your employees (include if you use armed security or armored vans to transport cash/product, firearms on premises – locked or unlocked, and if security alarms are used).

- a. Are any of the security services contracted out?
- b. If the security is contracted out, does the applicant obtain a Certificate of Insurance?

12) Is the applicant a member of any cannabis/marijuana trade organizations?

Cultivation:

1) Is the grow facility located in the same building as a dispensary?

a. If no, where is the grow facility located?

2) Do you use a separate entity to transport the plants?

a. Does the transportation company possess workers compensation coverage?

Independent Contractors providing transportation will be evaluated based on factors such as manner and means of control to determine employee status and inclusion of their remuneration as payroll.

3) Do you process the plants to finished products?

4) Do you cultivate plants indoor or outdoor?

a. What is the square footage and/or acreage of your operation?

5) Do you use pesticides in your operations?

- a. If yes, do you provide personal protection equipment to your employees that are in contact with the pesticides?

6) Do you use pink light, aeroponics or hydroponics to grow your plants?

Retail:

1) Do you offer smoking and/or vape rooms?

- a. If smoking/vape rooms are offered, how are the rooms ventilated?

- b. Do your employees routinely enter the rooms (for servicing, cleaning, etc.)?

2) Does the applicant have a formal written security procedure plan or manual?

3) Do you offer delivery service of marijuana or marijuana-containing products?

- a. If yes, are the deliveries done by employees or is this contracted?
- b. What is your delivery range?
- c. What is the average round trip distance of a delivery?
- d. Typically, how many deliveries per week?

Processing/Manufacturing:

- 1) Describe the type of processing that takes place:
 - a. How are the buds trimmed?
 - b. What solvents are used?
 - c. What heat source may be used to cure/extract plants?
 - d. If this is an oil extraction business, does the building have a fire suppression system? If yes, describe the suppression system.

- 2) What sort of ventilation system is used?
 - a. How frequently is the ventilation system checked?

- 3) If testing is done, describe the process (specifically list any chemicals or solvents that may be used).

4) Do you have the Material Safety Data Sheets (MSDS) for the chemicals used?

Completed by:

Title:

Date: