



Sunz Cannabis Supplemental

Prospective Client Name: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Active Years in Business: \_\_\_\_\_ Website Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior Payroll & Premium Information

Table with 3 columns: Year, Annual Payroll, Premium. Rows: Current Year, Prior Year, 2nd Prior Year.

Operations / Exposures

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ # of Locations: \_\_\_\_\_ # of Shifts: \_\_\_\_\_

# Of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteer \_\_\_\_\_

- 1. What type of operations are performed (check all that apply)?
2. Which type of cannabinoids do you work with (check all that apply)?
3. What is the intended use of the product (check all that apply)?
4. Does the operation include any of the following (check all that apply)?
5. Does the Cannabis Extraction Room (CER) meet all Federal and State UBC and NEC codes?
6. Do the CER walls and doors meet standard 1-hour fire resistance requirements?
7. Does the CER have a gas detection / alarm system?
8. Does the CER have a ventilation system engineered with adequate flow rate and exhaust hood?
9. Does the CER have spark resistant electrical outlets, switches, and lighting?
10. Is the CER equipped with operation controls outside of the extraction room?
11. Is cannabis extraction safety training conducted with all employees?
12. Is emergency evacuations safety training conducted with all employees?
13. Are there security guards present at the facility?
14. Are printing operations performed?
15. Are there packaging / repackaging operations?
16. Do employees install and/or maintain the irrigation systems & equipment?



### Safety / Equipment / Premises

17. Yes No Have loss control services been performed in the last 12 months?
18. Yes No Has OSHA / Cal/OSHA visited your business in the last 12 months?
19. Yes No Is there a formal Safety Program in place?
20. Yes No Is there an employee orientation program?  
If yes, is the orientation  Informal  Formal and documented
21. Yes No Are regular safety meetings conducted?  
If yes, how often?  Daily  Weekly  Monthly  Quarterly  Annually  Other, explain:  
\_\_\_\_\_
22. Yes No Do you have a safety director/risk manager?  
If yes, Name: \_\_\_\_\_ Title: \_\_\_\_\_
23. Yes No Is work performed at heights?  
If yes, what is the maximum height exposure? \_\_\_\_\_  
What type of equipment is used to work at heights?  Ladder  Scaffolding  Scissor Lifts  N/A  
If scaffolding is used, does the insured build their own?  Yes  No
24. Yes No Is there lifting exposure?  
If yes  <25lbs  25 – 40lbs  >40 lbs  
If greater than 40 lbs, is the lifting  Manual  With assistance  
Explain: \_\_\_\_\_
25. Yes No Are forklifts used?  
If yes, is training provided?  Yes  No
26. Yes No Is Personal Protective Equipment (PPE) provided?  
If yes, what type? \_\_\_\_\_  
Is utilization strictly enforced?  Yes  No
27. Yes No Is a respiratory program in place?
28. Yes No N/A Is all machinery properly guarded?
29. Yes No N/A Are all equipment operators trained / certified?
30. Yes No Is there a written security plan including written procedures in case of a security event?
31. What is the condition of the equipment?  New  Used  Average
32. What is the condition of the building / premises?  New  Good  Average
33. Are the buildings / premises  Owned  Leased
34. What type of security systems/devices are used on the premises (check all that apply)?  
 Central Station Burglar Alarm  Central Station Fire Alarm  Panic Button  
 Interior Motion Detectors  Gated/Barred Windows/Doors  Door Greeter/ID Checker  
 Double Entrance / Man Trap  Vision Obscured Fencing (8' or higher)  Safe/Vault  
 Door Intercom  Exterior Cameras  Interior Cameras



### Driving Exposure

35.  Yes  No Is there driving exposure?  
If yes, how often?  Daily  Weekly  Other, explain: \_\_\_\_\_  
Number of drivers? \_\_\_\_\_  
Number of vehicles? \_\_\_\_\_  
Are vehicles company owned?  Yes  No  
If yes, is there a fleet/vehicle maintenance program in place?  Yes, inhouse  Yes, outside vendor  No  
  
What is the radius of travel? \_\_\_\_\_  
Is there any group transportation of employees?  Yes  No  
If yes, explain: \_\_\_\_\_  
Do you transport crops/plants?  Yes  No  
Do you deliver to customer's homes?  Yes  No  
Do you deliver to customer's places of business?  Yes  No  
Do employees take company vehicles home?  Yes  No  
Is there any 3<sup>rd</sup> party delivery?  Yes  No  
If yes, explain: \_\_\_\_\_

### Employees / Hiring Practices / Claims

(Check all that apply)

- Written Application  Reference Checks  Criminal Background Checks  Pre-Hire Drug Testing  
 Post-Accident Drug Testing  Random Drug Testing  Pre-Employment Physical  MVR Checks

36.  Yes  No Are the owners active in the daily operations?  
If yes, are they excluded from coverage?  Yes  No
37.  Yes  No Are formal job descriptions on file?
38.  Yes  No Is job specific training provided?
39.  Yes  No Is there an employee orientation program?  
If yes, is the orientation  Verbal  Verbal and Documented
40.  Yes  No Do the employee files include Medical Questionnaires?
41.  Yes  No Do you have a formal written accident report?
42.  Yes  No Are there set procedures for reporting claims? If yes, explain:  
\_\_\_\_\_
43.  Yes  No Do you use/recommend a specific medical provider to treat injured employees?
44.  Yes  No Do you have a Return to Work (RTW) Program in place?  
If yes, does it include salary continuation?  Yes  No
45. How are employees paid (check all that apply)?  Hourly  Piece Rate  Commission  Salary  Other, explain:  
\_\_\_\_\_
46. Do employees receive any of the following (check all that apply)?  Paid Sick Time  Hourly  Paid Vacation  
 Group Health Coverage (% paid by employer \_\_\_\_\_ )



**Additional Remarks / Explanations**

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**Owner Signature**

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another 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 insurance act, which is a crime and subjects the person to criminal and civil penalties.

Owner/Officer (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer (Print): \_\_\_\_\_ Title: \_\_\_\_\_