



**Cannabis Insurance Program  
Workers' Compensation Supplemental**

Legal Business Name: \_\_\_\_\_ FEIN # (Tax ID): \_\_\_\_\_

DBA(s): \_\_\_\_\_ in Business: \_\_\_\_\_

License Type: \_\_\_\_\_ License Type Number: \_\_\_\_\_

Summary of Operations: \_\_\_\_\_  
\_\_\_\_\_

**Employee Breakdown (Current)**

Full Time	Part Time	Seasonal	Volunteer	Leased

Expected Growth % in next 12 months: \_\_\_\_\_

List all commonly owned companies/entities (include ownership % for each)

Company/Entity Name	% Ownership

Safety Questions:

Y N

Does your business have a formal safety program:

Does your business have an injury and illness prevention program:

Has OSHA Issued any citations to your business:

If yes, please explain \_\_\_\_\_

Does your operation include any lifting exposure:

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

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

Does your business use armed guards:

If so, how many \_\_\_\_\_, and are they subcontracted:

If subcontracted, please include a copy of the Risk Transfer Agreement with your submission.\*\*

Is proper safety equipment used in your operation:



Operational Questions:

Y N

Is your business licensed by your state, county, or city to grow, sell, process, or manufacture cannabis:  
If so, please submit a copy of each issued license/temporary license along with this application  
If you don't have a license, please include your Board of Equalization sellers permit

Does your business have any driving exposure:

Are the drivers subcontracted out?

If yes, please include a copy of the Risk Transfer Agreement with your submission.\*\*

If so, 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 \_\_\_\_\_

Does your business transport any living cannabis plants to other businesses:

Does your business transport harvested/processed/finished cannabis products to other businesses:

Does your business deliver any cannabis products directly to consumers:

Are drivers allowed to make personal stops while transporting goods:

Are drivers allowed to take any cannabis inventory and/or money home:

Does your business collect DMV records (MVR's) for each driver:

Please provide the attached completed MVR template for all employees driving.

Does your business allow any firearms or weapons in operating vehicles:

Is your business a farm labor contractor or staffing agency:

Is 8742 (Outside Sales) Included as a class code:

If so, what is the radius of travel for your salespeople: \_\_\_\_\_ miles

Please describe the duties of your outside salespeople: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* The Risk Transfer Agreement** will be a contract between the subcontracted company and your insured. We need a copy of the contract that the insured uses when they hire subcontractors to perform duties on their behalf. The contract should state that Workers Compensation is required with Employers Liability Limit to match the insured's limit and should include a Waiver of Subrogation in favor of the insured.

Please send all Cannabis WC Submissions to [info@praxisins.com](mailto:info@praxisins.com)

A complete WC Submission should include:

- Acord 130
- Completed Supplemental
- 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

**MVR Template**

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