SUNZ INSURANCE

Sunz Cannabis Supplemental

Prospective Client Name: _____ FEIN#: _____

Client Representative (Owner/Officer): _____ Title: _____

Primary Address: _____

Related / Predecessor Entities: _____

Active Years in Business: _____ State Exposures: _____

Current Exp. MOD, if applicable: _____ Website: _____

Prior Payroll & Premium Information

	Annual Payroll	Premium
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)? ❑ Dispensary ❑ Grow Indoor ❑ Grow Outdoor
   If outdoor operations, what type(s) of protective barriers are used?
   _____
2. Which type of cannabinoids do you work with (check all that apply)? ❑ CBD ❑ THC
3. What is the intended use of the product (check all that apply)? ❑ Recreational Use ❑ Medical Use
4. Does the operation include any of the following (check all that apply)?
   ❑ Extraction ❑ Infused Products Manufacturing ❑ Baking
   If extraction is performed, is the process (check all that apply): ❑ CO2 ❑Propane/Butane ❑ Other, explain:
   _____
5. ❑Yes ❑No ❑N/A Does the Cannabis Extraction Room (CER) meet all Federal and State UBC and NEC codes?
6. ❑Yes ❑No ❑N/A Do the CER walls and doors meet standard 1-hour fire resistance requirements?
7. ❑Yes ❑No ❑N/A Does the CER have a gas detection / alarm system?
   If yes, is the system equipped with ventilation system interlock to ensure it stays on, or turns on? ❑Yes ❑No
8. ❑Yes ❑No ❑N/A Does the CER have a ventilation system engineered with adequate flow rate and exhaust hood?
9. ❑Yes ❑No ❑N/A Does the CER have spark resistant electrical outlets, switches, and lighting?
10. ❑Yes ❑No ❑N/A Is the CER equipped with operation controls outside of the extraction room?
11. ❑Yes ❑No ❑N/A Is cannabis extraction safety training conducted with all employees?
    If yes, is the training ❑ Informal ❑ Formal and documented
12. ❑Yes ❑No Is emergency evacuations safety training conducted with all employees?
    If yes, is the training ❑ Informal ❑ Formal and documented
13. ❑Yes ❑No Are there security guards present at the facility? If yes, _____ % are armed and _____ % are unarmed.
14. ❑Yes ❑No Are printing operations performed? If yes, describe: _____
15. ❑Yes ❑No Are there packaging / repackaging operations? If yes, describe: _____

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16. ❑Yes ❑No ❑N/A Do employees install and/or maintain the irrigation systems & equipment?
If yes, provide details: _____

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 ❑N/A
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 Camera	❑ Interior Cameras

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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 3rd 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 _____)

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Additional Remarks / Explanations

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.

By signing this document, you are authorizing SUNZ Insurance Company and SUNZ Insurance Solutions to request and be furnished Experience Modification Worksheets/Risk History Reports from NCCI, or applicable Bureau, relating to the entity(ies) named above.

Owner/Officer (Signature): _____ Date: _____

Owner/Officer (Print): _____ Title: _____