

RT WC Specialty

WC Specialty Hemp Operations Supplemental Application

| | Cultivation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|-----------|-----------|----------|----|----|--|----------|----|----|--|--------------|----|----|--|--------------|----|----|--|---|----------|-----|--------|---------|--------|---------------|-------|---------|--|-------------------------|
| License Issuing Authority: | What is the % split between: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Indoor growing % Outdoor growing % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Greenhouse growing % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | What is the size of the cultivation area (acres)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any H2A employees? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours of Operations: | Transportation of crops to dispensary self performed? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete Description of Operations: | Processing & Manufacturing If there are any oil extraction, manufacturing and/or baking operations, please complete the applicable portions of the Processing and Manufacturing section. For any delivery and driving operations, please complete the Distribution and Delivery section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of Operations in the following: Baking / Edible Infused Product Manufacturing % Processing % Cultivation % Retail % Laboratory % Oil Extraction % | What are the retail operating hours? Are there daily pick-ups of cash by a 3 rd party service? Yes No Does any employee transport > \$2,500 in cash? Yes No If so, please describe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this business ever been fined by any legal authority? Yes No If yes, please explain: | How much cash is left onsite before it is transferred offsite? What is the maximum lifting exposure? Lbs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year</th> <th style="width: 15%;">Sales</th> <th style="width: 15%;">Payroll</th> <th style="width: 15%;">Employees</th> </tr> </thead> <tbody> <tr> <td>Next Yr.</td> <td>\$</td> <td>\$</td> <td></td> </tr> <tr> <td>Last Yr.</td> <td>\$</td> <td>\$</td> <td></td> </tr> <tr> <td>2 yrs. Prior</td> <td>\$</td> <td>\$</td> <td></td> </tr> <tr> <td>3 yrs. prior</td> <td>\$</td> <td>\$</td> <td></td> </tr> </tbody> </table> | Year | Sales | Payroll | Employees | Next Yr. | \$ | \$ | | Last Yr. | \$ | \$ | | 2 yrs. Prior | \$ | \$ | | 3 yrs. prior | \$ | \$ | | Processing and Manufacturing If oil extraction is performed, what types of extraction are utilized? <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Tincture</td> <td style="width: 50%;">CO2</td> </tr> <tr> <td>Butane</td> <td>Dry Ice</td> </tr> <tr> <td>Hexane</td> <td>Open Blasting</td> </tr> <tr> <td>Press</td> <td>Propane</td> </tr> <tr> <td>Alcohol Distillation or Heated Evaporation</td> <td>Other (please describe)</td> </tr> </tbody> </table> | Tincture | CO2 | Butane | Dry Ice | Hexane | Open Blasting | Press | Propane | Alcohol Distillation or Heated Evaporation | Other (please describe) |
| Year | Sales | Payroll | Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Next Yr. | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Yr. | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 yrs. Prior | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 yrs. prior | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tincture | CO2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Butane | Dry Ice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hexane | Open Blasting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Press | Propane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol Distillation or Heated Evaporation | Other (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|----|--|----|--|
| Security and Employee Screening | | | If the insured's operations involve any use of compressed gases, are the following protocols followed: | | |
| Is armed security used on premises? Yes No | Are bottle fill limits @ 2/2 capacity? | | Yes | No | |
| | Is the storage area clearly marked as non-smoking? | | Yes | No | |
| | Is bottle storage in a segregated, secured loc? | | Yes | No | |
| | Are protected caps in place at all times when bottles not in use? | | Yes | No | |
| If yes, how many guards are used? | | | | | |
| Are armed guards: Employed Directly Subcontracted | | | Distribution and Delivery | | |
| If subcontracted, are WC COI's collected? Yes No | | | Is there any Delivery or Driving Exposure? Yes No | | |
| Are premises equipped with video surveillance? Yes No | | | Please advise on the delivery radius mileage by %: 0-50 % 51-200 % 200+ % | | |
| If yes, how long is footage retained? | | | If the insured uses security guards, do they travel in the distribution vehicles? Yes No | | |
| Are background checks done on all employees? Yes No | | | Are independent contractors used for driving? Yes No | | |
| | | | If yes, what is the number of: Employee drivers: Independent drivers: | | |
| | | | Will the insured transport harvested/processed/finished hemp products to other businesses? Yes | | |
| If your operation utilizes compressed or flammable gas extraction systems please complete the following questions: | | | No | | |
| Has the processing equip been certified by an independent testing lab or engineer familiar w/the process? | Yes | No | Are employees driving personal vehicles from their own fleet or utilizing their own personal vehicles? Insured Employees | | |
| Does a factory trained technician install, service and repair equip? | Yes | No | | | |
| Is there a formal checklist to ensure equip is operating w/in strict accordance w/the manufacturer's specifications? | Yes | No | | | |
| Are the pressure vessels inspected and tested per manufacturer's specifications? | Yes | No | | | |
| Are the high pressure extraction systems installed in a separate area, segregated from the rest of the operation, w/damage limiting construction to mitigate loss in the event of an accidental pressure release? | Yes | No | | | |
| Is the extraction process completed in a closed loop system? | Yes | No | | | |

| | | | |
|---|-----|----|--|
| | | | What screening methods are used to determine driver acceptability? MVR Checks? Yes No Minimum Driver Age? Yes No If so, what age? |
| If the insured's operations involve any manufacturing or baking processes: What items are manufactured? Does the insured have a commercial kitchen for the manufacturing operations? Yes No If a commercial kitchen is present: | | | Will the vehicles that transport the insured's property or money have an active alarm system and GPS tracking? Yes No |
| Does the kitchen have a UL 300 Compliant, wet chemical fire suppression system with nozzles covering all cooking surfaces? | Yes | No | |
| Are all open flame operations conducted under a non-combustible powered ventilation hood? | Yes | No | |
| Does the cooking/frying equip have an automatic fuel supply cutoff? | Yes | No | |
| How often is the fire suppression system serviced? | | | |
| How often are the hoods and ducts cleaned? | | | |

All of the information herein is true and correct to the best of my knowledge. I have not knowingly or intentionally concealed or misinterpreted any fact. This form will become part of the insurance application and as such all fraud statements are applicable.

If you learn that any of the information in this application changes between now and the time of binding, you must advise the insurer of such change.

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Insured's Signature: _____

Date: _____

Insured's Name (print): _____

Insured's Title: _____

Loss Control Contact (Name): _____

Phone #: _____

Email: _____