



Cannabis EZ Quote Form

New Mexico Mutual 5201 Balloon Fiesta Pkwy NE, Albuquerque NM 87113

Completed By:	In addition to the supplemental information, please attach the following if applicable:
Title:	
Date:	

- 3-5 Year Currently Valued Loss Runs
- Associated Premium Figures
- Experience Rating Worksheet

General Information and Operations

Company Name:	FEIN:
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Number of years experience in this industry:	Number of years managing in this industry:
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License Types and Number(s):	Has the applicant or additional owned entities been denied licensure in NM or any other jurisdictions?
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List of additional entities and subsidiaries, including licensure, ownership, and FEIN information:

List of Cannabis Associations the applicant is affiliated with:

Is the applicant compliant with all state and local laws that regulate commercial cannabis operations? Yes No

Business Operations:
(Please check all that apply)

Medical _____% **Recreational** _____%

Producer Retail
 Laboratory Wholesale
 Processor Research
 Growers # of acres _____ Extraction

Have all locations been disclosed within New Mexico Mutual's application? Yes No

What type of extraction does the applicant conduct?

Open Loophole Closed Loophole CO2 Extraction BHO Extraction
 No Extraction/Use of Third Party

If a third party is used for extraction operations, are certificates of insurance obtained? Yes No

Please identify all that are applicable to the transportation of products and/or large cash transaction/deposits:

Unmarked Vehicles Marked Vehicles Other: _____

Armed Employees Unarmed Employees Other: _____

Does the applicant transport products outside of New Mexico? Yes No

Manufacturing

Please provide details of the products manufactured and the process in which the product is made:

Employee Information

How many employees are on staff: Full Time: _____ Part Time: _____ Seasonal: _____ Volunteers/Leased/Temp Labor: ____

How are employees compensated?

(Please check all that apply):

W-2' S 1099's Cash Other: _____

Does the applicant use another entity to issue paychecks to employees?

Yes No

Does the applicant keep proper time wage records that can be sufficiently audited?

Yes No

If the applicant binds coverage, will they be able to pay their insurance premium with any of the following non-cash methods:

Check Money Order Cashier's Check Online (credit card)

Please check all hiring practices utilized by the applicant:

Background Check Medical Questionnaires New Employee Orientation
 Drug Screening Post-Offer Physicals Other: _____
 Pre-hire Random Post Accident Reference Checks

Safety Information

Is a safety program utilized in the workplace? Yes No If yes, is the program? Written Verbal

Does the safety program address/include?

(Please check all that apply)

<input type="checkbox"/> Accident/Injury Investigation	<input type="checkbox"/> Preventative Maintenance Schedule of Extractors	<input type="checkbox"/> Substance Abuse Awareness Training
<input type="checkbox"/> Chemical/Solvent Storage (GHCS)		
<input type="checkbox"/> Emergency Response Plan	<input type="checkbox"/> Progressive Disciplinary Action Plan	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fire Extinguisher Training	<input type="checkbox"/> Respirator Program	
<input type="checkbox"/> Hazard Communication Program Including SDS Sheets	<input type="checkbox"/> Return to Work Program	
<input type="checkbox"/> Lock Out/ Tag Out Procedures	<input type="checkbox"/> Robberies	
<input type="checkbox"/> Machine Guards (including power tools)	<input type="checkbox"/> Routine Safety Inspections	
<input type="checkbox"/> Firearm Safety/Training	<input type="checkbox"/> Safety Committee/Safety Officer	
	<input type="checkbox"/> Safety Orientation	

Please check the personal protective equipment that is enforced:
(Please check all that apply)

<input type="checkbox"/> Dust Masks	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Steel Toe Boots
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Respirators (including fit tests)	<input type="checkbox"/> Two Way Radios
<input type="checkbox"/> Gloves	<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Other: _____

Does the training program address/include the operations of the following heavy equipment?
(Please check all that apply and provide a copy of the safety manual)

<input type="checkbox"/> Grinders/Mixers	<input type="checkbox"/> Extractors
<input type="checkbox"/> Harvesting Equipment (i.e., Bailers, Combines, etc.)	<input type="checkbox"/> Other: _____

Who is responsible for maintaining/repairing the equipment? Employees Third Party

Who is responsible for emergency shutdowns of equipment? Any Employee Authorized Personnel Only

Does the driving program address/include?
(Please check all that apply)

<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/> Progressive Disciplinary Plan
<input type="checkbox"/> Impaired/Aggressive/Distracted Driving	<input type="checkbox"/> Mandatory Seat Belt Usage
<input type="checkbox"/> Initial and Routine MVR Checks	<input type="checkbox"/> Vehicle Tracking Device

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.