



## CANNABIS APPLICATION (Medical and Recreational)

### INSTRUCTIONS:

1. All applicants must complete the relevant sections of this application in accordance with the specific coverage being requested.
2. Answer all questions completely. Attach extra sheets as required.
3. Application must be signed and dated by the owner, partner, or officer no earlier than 90 days before the proposed effective date of coverage.
4. Read the statements at the end of this application carefully.

### ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION:

- License to operate (if pending, submit upon approval and receipt)
- Security procedures plan
- Attach loss runs or check box if none

## SECTION 1 – GENERAL INFORMATION

Applicant Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Inspection Contact (email and phone number): \_\_\_\_\_ Year business started: \_\_\_\_\_  
 Type of enterprise (check all that apply):  Individual  Corporation  Partnership  LLC  Joint Venture  For-Profit  
 Not-for-Profit  Proprietorship  Other (describe): \_\_\_\_\_  
 Is the applicant a member of any cannabis/marijuana trade associations?  Yes  No  
 If "Yes," what organizations (check all that apply):  CCSE  NORML-NBN  NCIA  CCIA  Other (describe): \_\_\_\_\_  
 What experience does the applicant have in operating a cannabis business and/or managing a commercial business? \_\_\_\_\_  
 Description of product use:  Recreational  Medicinal  Both  
 Business operations (check all that apply):  Grower/Cultivator  Processor  Manufacturer  Wholesaler  Recreational (retail)  
 Medical (dispensary)  Testing Lab  Building Owner  School  Other (describe): \_\_\_\_\_  
 List of subsidiaries and their operations: \_\_\_\_\_  
 Is the applicant in compliance with all local and state laws regarding the growth, manufacture, and control and dispensing of cannabis or products containing cannabis? \_\_\_\_\_  Yes  No

### FINANCIAL INFORMATION:

List sales by category for the last 12 months and projected sales for the next 12 months.

	Last 12 Months	Next 12 Months	Last 12 Months	Next 12 Months
Grower/Cultivator	\$ _____	\$ _____	Wholesaler	\$ _____
Processor	\$ _____	\$ _____	Retail/Dispensary	\$ _____
Manufacturer	\$ _____	\$ _____	Testing Lab	\$ _____

## SECTION 2 – INSURANCE INFORMATION (indicate desired coverages below and complete relevant portions of this application)

COVERAGES:  Commercial Property  Commercial General Liability (Excluding Products)  Products Liability  
 Hired and Non-Owned Auto Liability  Non-Owned Auto Liability  Employee Benefits Liability  
 (For Incidental Exposures Only; No Delivery)

## SECTION 3 – PREMISES INFORMATION (complete for each location/building)

Location/Building #: \_\_\_\_\_ / \_\_\_\_\_

1. Description of business operation(s) at this location:  
 Cultivation/Growing  Processor of Marijuana  Manufacturer of Marijuana-Containing Products  Recreational Marijuana (Retail Shop)  
 Medical Marijuana (Dispensary)  Marijuana Testing Lab  Other (describe): \_\_\_\_\_
   
 Describe the type of crime area where the applicant's premises is located:  Low  Moderate  High  
 Describe the area where the business is located:  Commercial  Industrial  Agricultural  Residential
2. Hours of operation: \_\_\_\_\_
3. Square footage of building occupied by the applicant: \_\_\_\_\_
4. Does the applicant occupy the entire building?  Yes  No If "No," are there connecting doors to adjacent units?  Yes  No  
 If "Yes," how are the connecting doors secured (e.g. deadbolts, alarms, etc.)? \_\_\_\_\_  Yes  No
5. Is the nature of the business advertised on the outside of the building? \_\_\_\_\_  Yes  No
6. Does anyone live on the premises?  Yes  No If "Yes," describe the occupancy: \_\_\_\_\_
7. Are there any animals on the premises?  Yes  No If "Yes," describe: \_\_\_\_\_
8. Which of the following security measure are utilized? Check all that apply.  
 Central Station Burglar Alarm  Exterior Video Cameras  Interior Video Cameras  Interior Motion Detectors  Gated Windows  
 Security Guards – Armed  Security Guards – Unarmed  Door Greeter/ID Checker  Gated Doors  
 Hold-Up Button/Panic Button  Safe or Vault  Fencing  Buzz-In System
9. Are all security measures fully operational during non-business hours? \_\_\_\_\_  Yes  No  
 If "No," specify which ones are not fully operational: \_\_\_\_\_
10. Are there any traps that are used for security at the premises? \_\_\_\_\_  Yes  No  
 If "Yes," provide details: \_\_\_\_\_
11. If guards or greeters are used, are they employees? \_\_\_\_\_  Yes  No  
 If "No," do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name the applicant as an additional insured? \_\_\_\_\_  Yes  No
12. Does the applicant get certificates of insurance evidencing limits of insurance coverage and additional insured status for the applicant? \_\_\_\_\_  Yes  No  
 What limits do the applicant require the independent contractors to carry? \_\_\_\_\_
13. Are there any firearms on the premises (including any firearms carried by security guards)? \_\_\_\_\_  Yes  No  
 If "Yes," describe: \_\_\_\_\_
14. Does the applicant have a written plan or manual describing security procedures, including what to do in the event of a robbery or other crime? \_\_\_\_\_  Yes  No
15. Are employees instructed to cooperate and obey the robber's instructions and not to resist? \_\_\_\_\_  Yes  No
16. Is there any cannabis or cannabis product consumption allowed on the premises? \_\_\_\_\_  Yes  No  
 If "Yes," provide details: \_\_\_\_\_

Location/Building #: \_\_\_\_\_/\_\_\_\_\_

17. Description of business operation(s) at this location:  
 Cultivation/Growing     Processor of Marijuana     Manufacturer of Marijuana-Containing Products     Recreational Marijuana (Retail Shop)  
 Medical Marijuana (Dispensary)     Marijuana Testing Lab     Other (describe): \_\_\_\_\_  
 Describe the type of crime area where the applicant's premises is located:     Low     Moderate     High  
 Describe the area where the business is located:     Commercial     Industrial     Agricultural     Residential

18. Hours of operation: \_\_\_\_\_

19. Square footage of building occupied by the applicant: \_\_\_\_\_

20. Does the applicant occupy the entire building?     Yes     No    If "No," are there connecting doors to adjacent units?     Yes     No  
 If "Yes," how are the connecting doors secured (e.g. deadbolts, alarms, etc.)? \_\_\_\_\_

21. Is the nature of the business advertised on the outside of the building? \_\_\_\_\_     Yes     No

22. Does anyone live on the premises?     Yes     No    If "Yes," describe the occupancy: \_\_\_\_\_

23. Are there any animals on the premises?     Yes     No    If "Yes," describe: \_\_\_\_\_

24. Which of the following security measure are utilized? Check all that apply.  
 Central Station Burglar Alarm     Exterior Video Cameras     Interior Video Cameras     Interior Motion Detectors     Gated Windows  
 Security Guards – Armed     Security Guards – Unarmed     Door Greeter/ID Checker     Gated Doors  
 Hold-Up Button/Panic Button     Safe or Vault     Fencing     Buzz-In System

25. Are all security measures fully operational during non-business hours? \_\_\_\_\_     Yes     No  
 If "No," specify which ones are not fully operational: \_\_\_\_\_

26. Are there any traps that are used for security at the premises? \_\_\_\_\_     Yes     No  
 If "Yes," provide details: \_\_\_\_\_

27. If guards or greeters are used, are they employees? \_\_\_\_\_     Yes     No  
 If "No," do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name the applicant as an additional insured? \_\_\_\_\_     Yes     No

28. Does the applicant get certificates of insurance evidencing limits of insurance coverage and additional insured status for the applicant? \_\_\_\_\_  
 What limits do the applicant require the independent contractors to carry? \_\_\_\_\_     Yes     No

29. Are there any firearms on the premises (including any firearms carried by security guards)? \_\_\_\_\_     Yes     No  
 If "Yes," describe: \_\_\_\_\_

30. Does the applicant have a written plan or manual describing security procedures, including what to do in the event of a robbery or other crime? \_\_\_\_\_     Yes     No

31. Are employees instructed to cooperate and obey the robber's instructions and not to resist? \_\_\_\_\_     Yes     No

32. Is there any cannabis or cannabis product consumption allowed on the premises? \_\_\_\_\_     Yes     No  
 If "Yes," provide details: \_\_\_\_\_

Location/Building #: \_\_\_\_\_/\_\_\_\_\_

33. Description of business operation(s) at this location:  
 Cultivation/Growing     Processor of Marijuana     Manufacturer of Marijuana-Containing Products     Recreational Marijuana (Retail Shop)  
 Medical Marijuana (Dispensary)     Marijuana Testing Lab     Other (describe): \_\_\_\_\_  
 Describe the type of crime area where the applicant's premises is located:     Low     Moderate     High  
 Describe the area where the business is located:     Commercial     Industrial     Agricultural     Residential

34. Hours of operation: \_\_\_\_\_

35. Square footage of building occupied by the applicant: \_\_\_\_\_

36. Does the applicant occupy the entire building?     Yes     No    If "No," are there connecting doors to adjacent units?     Yes     No  
 If "Yes," how are the connecting doors secured (e.g. deadbolts, alarms, etc.)? \_\_\_\_\_

37. Is the nature of the business advertised on the outside of the building? \_\_\_\_\_     Yes     No

38. Does anyone live on the premises?     Yes     No    If "Yes," describe the occupancy: \_\_\_\_\_

39. Are there any animals on the premises?     Yes     No    If "Yes," describe: \_\_\_\_\_

40. Which of the following security measure are utilized? Check all that apply.  
 Central Station Burglar Alarm     Exterior Video Cameras     Interior Video Cameras     Interior Motion Detectors     Gated Windows  
 Security Guards – Armed     Security Guards – Unarmed     Door Greeter/ID Checker     Gated Doors  
 Hold-Up Button/Panic Button     Safe or Vault     Fencing     Buzz-In System

41. Are all security measures fully operational during non-business hours? \_\_\_\_\_     Yes     No  
 If "No," specify which ones are not fully operational: \_\_\_\_\_

42. Are there any traps that are used for security at the premises? \_\_\_\_\_     Yes     No  
 If "Yes," provide details: \_\_\_\_\_

43. If guards or greeters are used, are they employees? \_\_\_\_\_     Yes     No  
 If "No," do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name the applicant as an additional insured? \_\_\_\_\_     Yes     No

44. Does the applicant get certificates of insurance evidencing limits of insurance coverage and additional insured status for the applicant? \_\_\_\_\_  
 What limits do the applicant require the independent contractors to carry? \_\_\_\_\_     Yes     No

45. Are there any firearms on the premises (including any firearms carried by security guards)? \_\_\_\_\_     Yes     No  
 If "Yes," describe: \_\_\_\_\_

46. Does the applicant have a written plan or manual describing security procedures, including what to do in the event of a robbery or other crime? \_\_\_\_\_     Yes     No

47. Are employees instructed to cooperate and obey the robber's instructions and not to resist? \_\_\_\_\_     Yes     No

48. Is there any cannabis or cannabis product consumption allowed on the premises? \_\_\_\_\_     Yes     No  
 If "Yes," provide details: \_\_\_\_\_

#### SECTION 4 – OPERATIONS (provide the following information on a gross receipts basis unless indicated)

	Previous 12 Months	Projected Next 12 Months
Medical marijuana (e.g. leaves, bud, flower, and trim)	\$	\$
Infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)	\$	\$
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)	\$	\$
Medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens	\$	\$
Medical marijuana concentrates not intended for use in vaporizing devices	\$	\$
<b>Total Medical Marijuana &amp; Medical Marijuana-Containing Products:</b>	<b>\$</b>	<b>\$</b>
Recreational marijuana (e.g. leaves, bud, flower, and trim)	\$	\$
Infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)	\$	\$
Topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)	\$	\$
Medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens	\$	\$
Medical marijuana concentrates not intended for use in vaporizing devices	\$	\$
<b>Total Recreational Marijuana &amp; Medical Marijuana-Containing Products:</b>	<b>\$</b>	<b>\$</b>
Vaporizing devices, including room vaporizers and vapor pens	\$	\$
Smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)	\$	\$
Sales of other goods (e.g. hemp clothing, non-THC containing hemp protein, non-THC containing hemp-based lotions or oils, etc.)	\$	\$

Sales of nutritional supplements	\$	\$
Other	\$	\$
	<b>Total Revenues (all products and services):</b>	\$
	<b>Total Number of Patient Contacts:</b>	
	<b>Total Payroll:</b>	\$

## SECTION 5 – PROPERTY COVERAGE (complete for each location/building)

**Location/Building #:** /

- How many buildings/structures at this location:
- Physical Address:
- Subject of Insurance Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_
- Is this location open and fully operational?  Yes  No If "No," when will it be open and fully operational? \_\_\_\_\_
- What are the operations at this building only:  Manufacturer  Processor  Indoor Grow  Outdoor Grow (no structure)  
 Retail  Dispensary  Lab  Delivery  Other (describe): \_\_\_\_\_
- Is oil extraction done at this location?  Yes  No If "Yes," what method is used (CO2, Butane, Propane, etc.): \_\_\_\_\_

**BUILDING INFORMATION:**

Year built:	Square footage:	For buildings over 20 years of age, list the year updated:	Roof	Plumbing	Electrical	HVAC
Number of stories:	Protection class:					
Distance to hydrant:	Distance to fire station:	Fire sprinklers? If "Yes," what percent of building? <input type="checkbox"/> Yes <input type="checkbox"/> No %				
Construction type (frame, masonry, glass, etc.):	Building owned by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," complete RENOVATIONS below.				

**RENOVATION DETAILS (complete if applicant owns the building):**

Is building currently undergoing repairs, construction, renovations, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total estimated value of the renovations: _____ In what stage are the current renovations? _____
Expected completion date? _____
Is there currently a builder's risk policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide certificate. _____

### PROPERTY INFORMATION:

- Is there an approved safe or vault on premises meeting the minimum requirements below? If "Yes," complete SAFE/VAULT DETAILS below. .....  Yes  No
- SAFE/VAULT DETAILS: (minimum requirements: 800 lbs. with 1-hour fire rating, under 2,000 lbs. must be bolted to the ground)**  
Does applicant use the safe/vault to store finished stock? .....  Yes  No
- Is there a vacuum oven, centrifuge, distillation column, and/or rotary evaporator in the building? .....  Yes  No  
If "Yes," provide manufacturer, model number, replacement cost, and motor's HP for each:
- Is there an electrical back-up system? .....  Yes  No

### PROPERTY COVERAGE LIMITS for the location listed above:

Building Coverage	\$	<input type="checkbox"/> Triple Net Lease
Loss of Income	\$ # of Months Covered:	<input type="checkbox"/> Applicant Owns Building
Business Personal Property	\$	<b>*Completed Stock</b> is defined as manufactured products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.
Property in Transit (transported via applicant's owned or leased vehicles)	\$	<b>**Goods in Process</b> is defined as cannabis buds and flowers that have been harvested and are in the curing phase of production. No stock, crop, or growing plants fall under this category.
Deductible	\$	
Indoor Grow Equipment	\$	
Outdoor Grow Equipment	\$	
Tenants Improvements	\$	
Completed Stock*	\$	
Goods in Process**	\$	

### PROPERTY IN TRANSIT (no coverage for interstate transportation):

- Does the applicant deliver/ship marijuana products?  Yes  No If "Yes," answer the following:  
Is the product delivered/shipped across state lines? .....  Yes  No  
Is the product delivered/shipped to residential households or commercial establishments? \_\_\_\_\_  
Are deliveries/shipments done via the applicant's owned or leased vehicles or a common carrier? \_\_\_\_\_  
If the applicant's owned or leased vehicles are used, describe delivery points/locations and preventative actions in place to help eliminate or reduce losses: \_\_\_\_\_  
If a common carrier is used, does the applicant obtain certificates of insurance evidencing limits of insurance coverage and additional insured status in favor of the applicant? .....  Yes  No  
What limits do the applicant require the independent contractors to carry? \_\_\_\_\_

### CROP COVERAGE INFORMATION (no coverage for plants grown outdoors):

Crop Coverage Limits	Definition of Stage in Days	Per Plant Value	# of Plants	Total Property Coverage Amount
Clones/Pre-Vegetative Plants	Planted Day 1 to 13	\$7 per plant		\$
Vegetative Plants	Day 14 to 30	\$25 per plant		\$
Pre-Flowering Plants	Day 31 to 60	\$65 per plant		\$
Flowering Plants	Day 61 to Harvest	\$150 per plant		\$
Harvested Plants	After Harvest	\$250 per plant		\$
Mother Plants/Clone Producers	N/A	\$800 per plant		\$
Unplanted or Germinating Seeds		Replacement Cost of Seed Value		\$

**Location/Building #:** /

- How many buildings/structures at this location:
- Physical Address: \_\_\_\_\_

Subject of Insurance Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_

12. Is this location open and fully operational?  Yes  No If "No," when will it be open and fully operational? \_\_\_\_\_

13. What are the operations at this building only:  Manufacturer  Processor  Indoor Grow  Outdoor Grow (no structure)  
 Retail  Dispensary  Lab  Delivery  Other (describe): \_\_\_\_\_

14. Is oil extraction done at this location?  Yes  No If "Yes," what method is used (CO2, Butane, Propane, etc.): \_\_\_\_\_

**BUILDING INFORMATION:**

Year built:	Square footage:	For buildings over 20 years of age, list the year updated:	Roof	Plumbing	Electrical	HVAC
Number of stories:	Protection class:	Fire sprinklers? If "Yes," what percent of building? <input type="checkbox"/> Yes <input type="checkbox"/> No				%
Distance to hydrant:	Distance to fire station:	Building owned by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete RENOVATIONS below.				
Construction type (frame, masonry, glass, etc.):						

**RENOVATION DETAILS (complete if applicant owns the building):**

Is building currently undergoing repairs, construction, renovations, etc.?  Yes  No

Total estimated value of the renovations: \_\_\_\_\_ In what stage are the current renovations? \_\_\_\_\_ Expected completion date? \_\_\_\_\_

Is there currently a builder's risk policy?  Yes  No If "Yes," provide certificate.

## PROPERTY INFORMATION:

15. Is there an approved safe or vault on premises meeting the minimum requirements below? If "Yes," complete SAFE/VAULT DETAILS below. ....  Yes  No  
**SAFE/VAULT DETAILS: (minimum requirements: 800 lbs. with 1-hour fire rating, under 2,000 lbs. must be bolted to the ground)**  
 Does applicant use the safe/vault to store finished stock? ....  Yes  No

16. Is there a vacuum oven, centrifuge, distillation column, and/or rotary evaporator in the building? ....  Yes  No  
 If "Yes," provide manufacturer, model number, replacement cost, and motor's HP for each:

17. Is there an electrical back-up system? ....  Yes  No

## PROPERTY COVERAGE LIMITS for the location listed above:

Building Coverage	\$	<input type="checkbox"/> Triple Net Lease <input type="checkbox"/> Applicant Owns Building <p><b>*Completed Stock</b> is defined as manufactured products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.</p> <p><b>**Goods in Process</b> is defined as cannabis buds and flowers that have been harvested and are in the curing phase of production. No stock, crop, or growing plants fall under this category.</p>
Loss of Income	\$ # of Months Covered:	
Business Personal Property	\$	
Property in Transit (transported via applicant's owned or leased vehicles)	\$	
Deductible	\$	
Indoor Grow Equipment	\$	
Outdoor Grow Equipment	\$	
Tenants Improvements	\$	
Completed Stock*	\$	
Goods in Process**	\$	

## PROPERTY IN TRANSIT (no coverage for interstate transportation):

18. Does the applicant deliver/ship marijuana products?  Yes  No If "Yes," answer the following:  
 Is the product delivered/shipped across state lines? ....  Yes  No  
 Is the product delivered/shipped to residential households or commercial establishments? \_\_\_\_\_  
 Are deliveries/shipments done via the applicant's owned or leased vehicles or a common carrier? \_\_\_\_\_  
 If the applicant's owned or leased vehicles are used, describe delivery points/locations and preventative actions in place to help eliminate or reduce losses: \_\_\_\_\_  
 If a common carrier is used, does the applicant obtain certificates of insurance evidencing limits of insurance coverage and additional insured status in favor of the applicant? ....  Yes  No  
 What limits do the applicant require the independent contractors to carry? \_\_\_\_\_

## CROP COVERAGE INFORMATION (no coverage for plants grown outdoors):

Crop Coverage Limits	Definition of Stage in Days	Per Plant Value	# of Plants	Total Property Coverage Amount
Clones/Pre-Vegetative Plants	Planted Day 1 to 13	\$7 per plant		\$
Vegetative Plants	Day 14 to 30	\$25 per plant		\$
Pre-Flowering Plants	Day 31 to 60	\$65 per plant		\$
Flowering Plants	Day 61 to Harvest	\$150 per plant		\$
Harvested Plants	After Harvest	\$250 per plant		\$
Mother Plants/Clone Producers	N/A	\$800 per plant		\$
Unplanted or Germinating Seeds		Replacement Cost of Seed Value		\$

## Location/Building #:

19. How many buildings/structures at this location:  
 20. Physical Address: \_\_\_\_\_  
 Subject of Insurance Amount: \_\_\_\_\_ Deductible: \_\_\_\_\_  
 21. Is this location open and fully operational?  Yes  No If "No," when will it be open and fully operational? \_\_\_\_\_  
 22. What are the operations at this building only:  Manufacturer  Processor  Indoor Grow  Outdoor Grow (no structure)  
 Retail  Dispensary  Lab  Delivery  Other (describe): \_\_\_\_\_  
 23. Is oil extraction done at this location?  Yes  No If "Yes," what method is used (CO2, Butane, Propane, etc.): \_\_\_\_\_

## BUILDING INFORMATION:

Year built:	Square footage:	For buildings over 20 years of age, list the year updated:	Roof	Plumbing	Electrical	HVAC
Number of stories:	Protection class:					
Distance to hydrant:	Distance to fire station:	Fire sprinklers? If "Yes," what percent of building? <input type="checkbox"/> Yes <input type="checkbox"/> No %				
Construction type (frame, masonry, glass, etc.):		Building owned by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete RENOVATIONS below.				

## RENOVATION DETAILS (complete if applicant owns the building):

Is building currently undergoing repairs, construction, renovations, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what stage are the current renovations? _____	Expected completion date? _____
Is there currently a builder's risk policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide certificate.		

## PROPERTY INFORMATION:

24. Is there an approved safe or vault on premises meeting the minimum requirements below? If "Yes," complete SAFE/VAULT DETAILS below. ....  Yes  No  
**SAFE/VAULT DETAILS: (minimum requirements: 800 lbs. with 1-hour fire rating, under 2,000 lbs. must be bolted to the ground)**  
 Does applicant use the safe/vault to store finished stock? ....  Yes  No

25. Is there a vacuum oven, centrifuge, distillation column, and/or rotary evaporator in the building? ....  Yes  No  
 If "Yes," provide manufacturer, model number, replacement cost, and motor's HP for each:

26. Is there an electrical back-up system? ....  Yes  No

## PROPERTY COVERAGE LIMITS for the location listed above:

Building Coverage	\$
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Loss of Income	\$	# of Months Covered:	<input type="checkbox"/> Triple Net Lease
Business Personal Property	\$		<input type="checkbox"/> Applicant Owns Building
Property in Transit (transported via applicant's owned or leased vehicles)	\$		* <b>Completed Stock</b> is defined as manufactured products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.
Deductible	\$		** <b>Goods in Process</b> is defined as cannabis buds and flowers that have been harvested and are in the curing phase of production. No stock, crop, or growing plants fall under this category.
Indoor Grow Equipment	\$		
Outdoor Grow Equipment	\$		
Tenants Improvements	\$		
Completed Stock*	\$		
Goods in Process**	\$		

#### PROPERTY IN TRANSIT (no coverage for interstate transportation):

27. Does the applicant deliver/ship marijuana products?  Yes  No If "Yes," answer the following:

Is the product delivered/shipped across state lines? .....  Yes  No

Is the product delivered/shipped to residential households or commercial establishments? \_\_\_\_\_

Are deliveries/shipments done via the applicant's owned or leased vehicles or a common carrier? \_\_\_\_\_

If the applicant's owned or leased vehicles are used, describe delivery points/locations and preventative actions in place to help eliminate or reduce losses: \_\_\_\_\_

If a common carrier is used, does the applicant obtain certificates of insurance evidencing limits of insurance coverage and additional insured status in favor of the applicant? .....  Yes  No

What limits do the applicant require the independent contractors to carry? \_\_\_\_\_

#### CROP COVERAGE INFORMATION (no coverage for plants grown outdoors):

Crop Coverage Limits	Definition of Stage in Days	Per Plant Value	# of Plants	Total Property Coverage Amount
Clones/Pre-Vegetative Plants	Planted Day 1 to 13	\$7 per plant		\$
Vegetative Plants	Day 14 to 30	\$25 per plant		\$
Pre-Flowering Plants	Day 31 to 60	\$65 per plant		\$
Flowering Plants	Day 61 to Harvest	\$150 per plant		\$
Harvested Plants	After Harvest	\$250 per plant		\$
Mother Plants/Clone Producers	N/A	\$800 per plant		\$
Unplanted or Germinating Seeds		Replacement Cost of Seed Value		\$

#### SECTION 6 – LIABILITY COVERAGE (complete all applicable sections)

General Aggregate: \$	Each Occurrence: \$
Products & Completed Operations Aggregate: \$	Damage To Rented Premises (each occurrence): \$
Personal & Advertising Injury: \$	Medical Expense (any one person): \$

PREMISES LIABILITY:  OCCURRENCE  CLAIMS MADE\*

Proposed Retroactive Date: \_\_\_\_\_ Entry Date Into Uninterrupted Claims Made Coverage: \_\_\_\_\_

Has any product, work, or location been excluded, uninsured, or self-insured from any previous coverage?  Yes  No

Was tail coverage purchased under any previous policy?  Yes  No Are you aware of any incidents that could give rise to a claim?  Yes  No

\*If CLAIMS MADE is selected, provide a copy of your current declaration page.

PRODUCTS LIABILITY: (CLAIMS MADE ONLY)\*

Proposed Retroactive Date: _____	Entry Date Into Uninterrupted Claims Made Coverage: _____
Has any product, work, or location been excluded, uninsured, or self-insured from any previous coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was tail coverage purchased under any previous policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of any incidents that could give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Provide a copy of your current declaration page.

**HIRED AND NON-OWNED AUTO LIABILITY:**

1. Does the applicant have a commercial auto policy? .....  Yes  No
2. Does the applicant require employees/independent contractors to provide evidence of auto insurance? .....  Yes  No
3. Do you require each employee/independent contractor to maintain personal auto policies with liability limits of \$100,000 or more? .....  Yes  No
4. Are motor vehicle records for all employees/independent contractors collected and reviewed on an annual or more frequent basis? .....  Yes  No
5. Are employees/independent contractors allowed to drive with DUI, DWI, excess speeding, or reckless driving violations? .....  Yes  No
6. Are any drivers delivering directly to patients or residential areas? .....  Yes  No
7. What types of non-owned autos will be used in your business? \_\_\_\_\_
8. What type of vehicles do you lease, rent, or borrow for your business and for what purpose? \_\_\_\_\_
9. How many autos are hired on average within a 12 month period? \_\_\_\_\_

**EMPLOYEE BENEFITS LIABILITY:**

1. Number of employees under employee benefits program: \_\_\_\_\_
2. Limits desired: \_\_\_\_\_
3. Deductible: \_\_\_\_\_
4. Employee benefit programs offered by the insured. Check all that apply.
 

<input type="checkbox"/> Group Life Insurance, Group Accident or Health Insurance	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Profit Sharing Plans	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Employee Stock Subscription Plans	<input type="checkbox"/> Disability Benefits Insurance

 List any other types of benefit programs the applicant wants us to consider for inclusion under this insurance: \_\_\_\_\_
5. Regarding programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection from each employee? .....  Yes  No  
If "Yes," is the signed acceptance or rejection retained in the employee's personnel file? .....  Yes  No
6. Is a benefit brochure or written explanation of the employee benefits program given to each employee? .....  Yes  No
7. Does the applicant maintain an experienced unit to administer employee benefit programs, answer questions, and advise employees concerning the employee benefits program? .....  Yes  No
8. Has any error or omission loss ever been sustained or any pending against the applicant? .....  Yes  No  
If "Yes," provide details: \_\_\_\_\_
9. Has any occurrence taken place in the past that is likely to give rise to a claim? .....  Yes  No  
If "Yes," provide details: \_\_\_\_\_
10. Has coverage ever been denied or cancelled? .....  Yes  No
11. Does the applicant annually offer non-participation employees an opportunity to enroll? .....  Yes  No
12. Does the applicant offer to extend benefits to terminated employees and maintain records of acceptance/rejection? .....  Yes  No

**PART A – DISPENSARY/RETAIL INFORMATION**

1. Are there any employed professional(s) (e.g. physicians or pharmacists)? .....  Yes  No  
If "Yes," do the employed professional(s) carry their own separate professional liability insurance? .....  Yes  No
2. How much inventory is displayed to customers?  0-5%  6-10%  11-25%  Greater than 25%
3. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana-containing products dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, and the date and time dispensed? .....  Yes  No
4. Does applicant grow medical or recreational marijuana, or any other cannabis plants on premises? .....  Yes  No  
If "Yes," complete PART B – GROWING FACILITY INFORMATION.
5. Are any marijuana-containing products manufactured, mixed, labeled, or relabeled by the applicant, including marijuana-infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? .....  Yes  No  
If "Yes," complete PART C – MANUFACTURING & PROCESSING OPERATIONS.
6. Do any products, ingredients, or components originate from outside of the United States? .....  Yes  No  
If "Yes": a. Specify what products are imported and the countries of origin: \_\_\_\_\_  
b. Are imported products and components tested for contamination and verification that they match what was ordered? .....  Yes  No
7. For products that applicant does not produce or manufacture, does applicant obtain Certificate of Insurance (COIs) evidencing product coverage and additional insured status from all US-based manufacturers or suppliers? .....  Yes  No
8. Does the applicant use a third party testing laboratory to test their marijuana and marijuana-containing products? .....  Yes  No  
If "Yes," do all testing reports received from this laboratory indicate the following? Check all that apply.
 

<input type="checkbox"/> Products are not contaminated with pesticides	<input type="checkbox"/> Products are not contaminated by bacteria
<input type="checkbox"/> Products are not contaminated by mold/fungus	<input type="checkbox"/> Products are not contaminated by mycotoxins
<input type="checkbox"/> Products are not contaminated by heavy metals	<input type="checkbox"/> Products are not contaminated by residual solvents
<input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, CBDA, CBD, CBG, CBN, etc.)	<input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
<input type="checkbox"/> Terpene profiles	

 If "No," describe how the applicant ensures product purity: \_\_\_\_\_

**PART B – GROWING FACILITY INFORMATION**

1. Where are the marijuana cultivation areas located?  Indoors  Outdoors  Greenhouse  
If outdoors, provide the approximate size of the growing area in acres: \_\_\_\_\_
2. If cultivation areas are located outdoors, does a fence surround the cultivation areas? .....  Yes  No  
If "Yes," answer the following:
  - a. Describe the fence (e.g. height, material used, electrified, etc.): \_\_\_\_\_
  - b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on property? .....  Yes  No
  - c. Is the fenced-in area locked at all times? .....  Yes  No
  - d. Are there locked gates at all entrances to the property and/or growing area? .....  Yes  No
3. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? .....  Yes  No  
If "No," describe how the greenhouse is secured to prevent unauthorized entry:
  - e. Is the greenhouse constructed of polycarbonate or impact resistant glass panels secured to a permanent foundation? .....  Yes  No
 If "No," describe the construction materials:
4. What is the maximum number of plants on the premises at any one time: \_\_\_\_\_

5. Are any marijuana-containing products manufactured, mixed, labeled, or relabeled by the applicant, including marijuana-infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories?.....  Yes  No  
If "Yes," complete PART C – MANUFACTURING & PROCESSING OPERATIONS.

6. Does applicant use a third party testing laboratory to test their marijuana and marijuana-containing products?.....  Yes  No  
If "Yes," do all testing reports received from this laboratory indicate the following? Check all that apply.  
 Products are not contaminated with pesticides  Products are not contaminated by bacteria  
 Products are not contaminated by mold/fungus  Products are not contaminated by mycotoxins  
 Products are not contaminated by heavy metals  Products are not contaminated by residual solvents  
 Cannabinoid profiles (e.g. THCA, delta8-THC, CBDA, CBD, CBG, CBN, etc.)  Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)  
 Terpene profiles

If "No," describe how the applicant ensures product purity: \_\_\_\_\_

## PART C – MANUFACTURING & PROCESSING OPERATIONS

- Supply a complete list of products manufactured or processed by applicant: \_\_\_\_\_
- Are manufacturing and processing facilities located:  Indoors  Outdoors  
If outdoors, provide the approximate size of the processing area in acres: \_\_\_\_\_
- For products that applicant does not produce, does applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier?.....  Yes  No
- Will your operation(s) include the extraction of cannabis oils or the manufacturing of any concentrates?.....  Yes  No  
If "Yes," answer the following:
  - What extraction or manufacturing method will the applicant utilize: \_\_\_\_\_
  - If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use?.....  Yes  No
  - Is equipment installed, serviced, and repaired by a qualified, factory-trained technician?.....  Yes  No
  - Are closed loop extraction systems installed?.....  Yes  No
  - Is a formal checklist used to ensure equipment is operating in strict accordance of manufacturers' specifications?.....  Yes  No
  - Is a formal training program in place to ensure equipment is operated in strict accordance of manufacturers' specifications?.....  Yes  No
  - Will the oils or concentrates be distributed in bulk to other infused product manufacturers?.....  Yes  No
  - Are any of the products (e.g. oils, shatter, hash, etc.) intended for use in vaporizing devices?.....  Yes  No  
If "Yes," which product(s):  
 i. Are flammable liquids stored in UL or FM approved containers or stored in an approved cabinet of flammable liquids storage room?.....  Yes  No  
 j. Are flammable gas cylinders stored in a segregated, secured location, and chained or secured with protective caps in place at all times?.....  Yes  No  
 k. Are air monitors and alarm systems installed in all areas using flammable gasses?.....  Yes  No
- Does the production of any of the products require open flame, frying, or other cooking methods? If "Yes," answer the following questions.
  - Does establishment have a UL-300 compliant automatic fire suppression system with nozzles that extend over all cooking surfaces?.....  Yes  No
  - What type of fire suppression system? \_\_\_\_\_
  - Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this?.....  Yes  No
  - How often are the hoods and flues checked? \_\_\_\_\_
- Does your cooking/frying equipment have an automatic gas/propane supply cutoff valve?.....  Yes  No
- Does that applicant have a deep fat fryer with a high limit temperature switch?.....  Yes  No
- Will the applicant's equipment be used and/or rented to others who are not the named insured?.....  Yes  No
- Does the applicant actually produce the individually filled cartridges vapor pens? If "Yes," answer the following questions.
  - Are the cartridges one size fits all or are they only compatible with a particular brand: \_\_\_\_\_  
If only compatible with a particular brand, which brand: \_\_\_\_\_
  - Submit a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers with this application.
- Are all marijuana and marijuana-containing products manufactured and distributed by the applicant sold in childproof packaging or containers?.....  Yes  No
- Has applicant consulted with an attorney to determine their labeling includes any warnings, disclaimers, notifications of contraindications, listing of ingredients, and meets all state and local requirements? If "No," answer the following questions.
  - Does labeling contain warning to keep product away from children and pets?.....  Yes  No
  - Does labeling contain warning that the product contains intoxicating materials (i.e. marijuana) and users should not drive or operate heavy machinery after consumption?.....  Yes  No
  - Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children?.....  Yes  No
  - What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements: \_\_\_\_\_
- Do any products, ingredients, or components originate from outside of the United States? If "Yes", answer the following questions.
  - Specify what products are imported and the countries of origin: \_\_\_\_\_
  - Are imported products and components tested for contamination and verification that they match what was ordered?.....  Yes  No
- For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing product coverage with limits of at least \$1,000,000 and additional insured status from all US-based manufacturers or suppliers?.....  Yes  No
- Does applicant use a third party testing laboratory to test their marijuana and marijuana-containing products?.....  Yes  No  
If "Yes," do all testing reports received from this laboratory indicate the following? Check all that apply.
 

<input type="checkbox"/> Products are not contaminated with pesticides	<input type="checkbox"/> Products are not contaminated by bacteria
<input type="checkbox"/> Products are not contaminated by mold/fungus	<input type="checkbox"/> Products are not contaminated by mycotoxins
<input type="checkbox"/> Products are not contaminated by heavy metals	<input type="checkbox"/> Products are not contaminated by residual solvents
<input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, CBDA, CBD, CBG, CBN, etc.)	<input type="checkbox"/> Terpene profiles
<input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)	
- If "No," describe how the applicant ensures product purity: \_\_\_\_\_
- Does applicant have a written products recall plan?.....  Yes  No

## APPLICANT SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI, and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Name (Print): \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_