

<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 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. 	<p>ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION:</p> <ul style="list-style-type: none"> • License to operate (if pending, submit upon approval and receipt) • Security procedures plan • Attach loss runs or check box if none <input type="checkbox"/>
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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.)? _____
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? Yes No
 What limits do the applicant require the independent contractors to carry? _____
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?..... Yes No
What limits do the applicant require the independent contractors to carry? _____
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	\$	\$
Total Medical Marijuana & Medical Marijuana-Containing Products:	\$	\$
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	\$	\$
Total Recreational Marijuana & Medical Marijuana-Containing Products:	\$	\$
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	\$	\$
Total Revenues (all products and services):	\$	\$
Total Number of Patient Contacts:		
Total Payroll:	\$	\$

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

- Location/Building #:** /
1. How many buildings/structures at this location: _____
2. Physical Address: _____
Subject of Insurance Amount: _____ Deductible: _____
3. Is this location open and fully operational? Yes No If "No," when will it be open and fully operational? _____
4. What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)
 Retail Dispensary Lab Delivery Other (describe): _____
5. 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 <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/>
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.

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:**
6. 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
7. 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:

8. 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 *Completed Stock 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. **Goods in Process 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.
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):

9. 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 #: /

10. How many buildings/structures at this location: _____
 11. 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: <u>Roof</u> <u>Plumbing</u> <u>Electrical</u> <u>HVAC</u>		
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:

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
Loss of Income	\$ # of Months Covered:	
Business Personal Property	\$	<input type="checkbox"/> Applicant Owns Building
Property in Transit (transported via applicant's owned or leased vehicles)	\$	<p>*Completed Stock 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>**Goods in Process 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>
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:
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:

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	\$	<input type="checkbox"/> Triple Net Lease
Loss of Income	\$ # of Months Covered:	
Business Personal Property	\$	<input type="checkbox"/> Applicant Owns Building
Property in Transit (transported via applicant's owned or leased vehicles)	\$	*Completed Stock 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. **Goods in Process 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):

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: <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

*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?
2. Does the applicant require employees/independent contractors to provide evidence of auto insurance?
3. Do you require each employee/independent contractor to maintain personal auto policies with liability limits of \$100,000 or more?
4. Are motor vehicle records for all employees/independent contractors collected and reviewed on an annual or more frequent basis?
5. Are employees/independent contractors allowed to drive with DUI, DWI, excess speeding, or reckless driving violations?
6. Are any drivers delivering directly to patients or residential areas?
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.
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?
6. Is a benefit brochure or written explanation of the employee benefits program given to each employee?
7. Does the applicant maintain an experienced unit to administer employee benefit programs, answer questions, and advise employees concerning the employee benefits program?
8. Has any error or omission loss ever been sustained or any pending against the applicant?
9. Has any occurrence taken place in the past that is likely to give rise to a claim?
10. Has coverage ever been denied or cancelled?
11. Does the applicant annually offer non-participation employees an opportunity to enroll?
12. Does the applicant offer to extend benefits to terminated employees and maintain records of acceptance/rejection?

PART A – DISPENSARY/RETAIL INFORMATION

- 1. Are there any employed professional(s) (e.g. physicians or pharmacists)?
2. How much inventory is displayed to customers?
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?
4. Does applicant grow medical or recreational marijuana, or any other cannabis plants on premises?
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?
6. Do any products, ingredients, or components originate from outside of the United States?
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?
8. Does the applicant use a third party testing laboratory to test their marijuana and marijuana-containing products?
9. Products are not contaminated with pesticides, mold/fungus, heavy metals, Cannabinoid profiles, or Terpene profiles.
10. Products are not contaminated by bacteria, mycotoxins, residual solvents, or Cannabinoid dosage per serving.

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 NoIf "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

1. Supply a complete list of products manufactured or processed by applicant: _____
2. Are manufacturing and processing facilities located: Indoors Outdoors
If outdoors, provide the approximate size of the processing area in acres: _____
3. 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
4. Will your operation(s) include the extraction of cannabis oils or the manufacturing of any concentrates? Yes No
If "Yes," answer the following:
 - a. What extraction or manufacturing method will the applicant utilize: _____
 - b. 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
 - c. Is equipment installed, serviced, and repaired by a qualified, factory-trained technician? Yes No
 - d. Are closed loop extraction systems installed? Yes No
 - e. Is a formal checklist used to ensure equipment is operating in strict accordance of manufactures' specifications? Yes No
 - f. Is a formal training program in place to ensure equipment is operated in strict accordance of manufactures' specifications? Yes No
 - g. Will the oils or concentrates be distributed in bulk to other infused product manufacturers? Yes No
 - h. 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
5. Does the production of any of the products require open flame, frying, or other cooking methods? If "Yes," answer the following questions. Yes No
 - a. Does establishment have a UL-300 compliant automatic fire suppression system with nozzles that extend over all cooking surfaces?..... Yes No
 - b. What type of fire suppression system? _____
 - c. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? Yes No
 - d. How often are the hoods and flues checked? _____
6. Does your cooking/frying equipment have an automatic gas/propane supply cutoff valve? Yes No
7. Does that applicant have a deep fat fryer with a high limit temperature switch?..... Yes No
8. Will the applicant's equipment be used and/or rented to others who are not the named insured? Yes No
9. Does the applicant actually produce the individually filled cartridges vapor pens? If "Yes," answer the following questions..... Yes No
 - a. 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: _____
 - b. Submit a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers with this application.

10. Are all marijuana and marijuana-containing products manufactured and distributed by the applicant sold in childproof packaging or containers? Yes No
11. 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: Yes No
- a. Does labeling contain warning to keep product away from children and pets? Yes No
- b. 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
- c. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children? Yes No
- d. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements: _____
-
12. Do any products, ingredients, or components originate from outside of the United States? If "Yes", answer the following questions. Yes No
- 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
13. 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
14. 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: _____
15. 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): _____

Producer Name (Print): _____

Applicant Signature: _____

Producer Signature: _____

Date: _____

Date: _____