



Golden Bear Insurance Company

Cannabis Insurance Application

Instructions:

1. The application must be completed, signed, and dated by the owner, partner, or officer of the Applicant.
2. Please answer all questions truthfully and fully. False or concealed information in an application can impair coverage, so please be candid. **Lessors Risk Only accounts do not need to submit this application, only Acord 125, 126 & 140.**
3. Please submit a copy of **all** state issued cannabis licenses with the completed application.
4. Please submit Loss-Runs with claim detail.
5. Save this document after completing by using the "Save As" functionality

Important Coverage Notices:

1. If Applicant's business or corporate form, name, or ownership changes during the policy period, it may affect coverage. Notify your insurance agent immediately of all entity changes.
2. Maintaining active state licensure is a condition precedent to coverage. Notify your insurance agent immediately if your license expires. Lack of proper licensing may impair coverage or void your policy.
3. Maintaining all burglary, robbery, fire and additional protective safeguards is a condition precedent to coverage. Make sure you review the policy carefully and confirm that all safeguards are in place prior to the effective date of the policy.
4. This policy contains a virus exclusion.

General Information

Applicant Name: _____

Effective Date: _____ Need By: _____

DBA (All that Apply): _____,

_____, _____

Mailing Address: _____

_____ City _____ State _____ Zip

Business/Corporate Form: _____

Years in Business: _____

If in business less than one year, please describe previous experience:

Location Information

Primary Business Address: _____

_____ City _____ State _____ Zip

State License Number: _____

License Type: _____

Inspection Contact Name: _____

Inspection Phone Number: _____

Inspection Email Address: _____

Additional Locations: _____ If yes, how many? _____

Prior Carrier: _____

Expiring Premium: _____

If looking to cover additional locations, please complete our Statement of Values, an Acord 140, or supplemental

General Liability

1. Financials:

	Upcoming Year (Estimate)	Current Year	First Prior Year
Total Gross Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Total gross sales by operation (should add up to 100% of above number):

	Upcoming Year (estimate)	Current Year
Dispensary (Storefront)	<input type="text"/>	<input type="text"/>
Dispensary (Delivery)	<input type="text"/>	<input type="text"/>
Cultivation (Indoor)	<input type="text"/>	<input type="text"/>
Cultivation (Greenhouse)	<input type="text"/>	<input type="text"/>
Cultivation (Outdoor)	<input type="text"/>	<input type="text"/>
Manufacturer	<input type="text"/>	<input type="text"/>
Distribution	<input type="text"/>	<input type="text"/>
Consumption Lounge	<input type="text"/>	<input type="text"/>
Testing Laboratory	<input type="text"/>	<input type="text"/>
Special Events	<input type="text"/>	<input type="text"/>

3. Total gross sales by product type (**Manufacturers and Distributors only**):

	Upcoming Year (estimate)	Current Year
Cannabis Flower (Bulk)	<input type="text"/>	<input type="text"/>
Cannabis Flower (Under Your Label)	<input type="text"/>	<input type="text"/>
Pre-Rolls	<input type="text"/>	<input type="text"/>
Topicals	<input type="text"/>	<input type="text"/>
Edibles (10mg THC or less per package)	<input type="text"/>	<input type="text"/>
Edibles (10 - 100mg THC per package)	<input type="text"/>	<input type="text"/>
Edibles (over 100mg per package)	<input type="text"/>	<input type="text"/>
Concentrates	<input type="text"/>	<input type="text"/>
Vape Pens (includes filled concentrates)	<input type="text"/>	<input type="text"/>
Non-THC Cannabinoid Products (e.g. CBD)	<input type="text"/>	<input type="text"/>
Merchandise	<input type="text"/>	<input type="text"/>
Other (Attach Description)	<input type="text"/>	<input type="text"/>

4. Does applicant hire on-premises security guards? _____
 - a. If yes, is this service sub-contracted with a 3rd party? _____
 - b. Name of the 3rd Party Security Guard Company: _____
 - c. Does the security contract hold you harmless for the negligence of its security guards? _____
 - d. Does the security contractor's General Liability policy name your company as Additional Insured? _____
 - e. Are security guards posted on site at all times (24/7/365) _____
5. Number of Employees? _____ Are background checks run on all employees? _____
6. Are you aware of any claims or losses, demands, or suits that could give rise to a claim in the past five years? _____
7. Do you allow customers to consume product on site? _____

Products Liability

1. What is your current retroactive date? _____
2. Does the applicant ship cannabis products across state lines? _____
3. Does applicant manufacture, distribute, or sell vaping devices, such as vape pens, electronic cigarettes, or other vaporizer, or any component parts of such device including, but not limited to, batteries or chargers? _____
 - a. If so, are these products sourced from a US based distributor? _____
 - b. Does this distributor contract hold you harmless and require the distributor's policy to name your company as Additional Insured? _____
4. Does applicant ever import any vape components from abroad? _____
 - a. If so, what countries do you import from? _____
5. Do you engage in any "white labeling" or contract manufacturing operations? _____
 - a. If yes, does the manufacturing contract require them to name you as an Additional Insured? _____

Property

1. How many business locations is the applicant looking to cover? _____

(If more than one building, please complete a separate Golden Bear Statement of Values worksheet.)

- a. Property Limits: *(for location/address above) – list full value for all property*

	Exposure	Value	Co-Insurance
Building			

Business Personal Property
(excludes Cannabis Stock, includes TIB)

_____	_____
_____	_____
_____	_____
_____	_____

Cannabis Stock (seed to shelf)

Business Income/Extra Expense

Rental Values

b. Construction Information: (for above location)

Construction Type	Year Built	Sprinklered	Square Footage
_____	_____	_____	_____
Wiring (Year Updated)	HVAC (Year Updated)	Roof (Year Updated)	Plumbing (Year Updated)
_____	_____	_____	_____

2. Please select your requested deductible from the options below.

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000

3. Do you own the building? _____
 - a. If no, do you have a contractual obligation to insure the building? _____
4. Are any locations for which you are applying for coverage currently vacant or undergoing renovations? _____
 - a. If yes, will any of these locations be vacant, closed, or undergoing renovations in the next 18 months? _____
5. Does the Location have a Central Station Alarm? _____
 - a. If yes, is it monitored by an alarm company at all times (24/7/365)? _____
6. Is applicant aware of any failure or malfunction of the burglary alarm system at any time within the last year? _____
7. Does the alarm company maintain the system to assure reliable working order? _____
 - a. Identify the Central Station Alarm company you contract with: _____
8. Does applicant's alarm system have interior motion sensors? _____
9. Does applicant's alarm system monitor all exterior points of entry? _____
10. Is the alarm on at all times when the applicant's business is closed? _____
11. If the alarm is triggered, does it make a loud siren or other alarming noise which can be heard outside of the building? _____
12. Does the trigger of the alarm prompt an emergency call to police for response? _____
13. What is the annual cost of the applicant's Central Station Alarm service? \$ _____

14. What is the estimated response time for security or police to arrive on-site after alarm activation?
 _____ minutes
15. Does applicant have video surveillance of the premises, whether or not part of its Central Station Alarm system? _____
- a. Does surveillance provide 24-hour video? _____
 - b. Does the applicant video surveil the inside of this location? _____
 - c. Does the applicant video surveil the outside perimeter of this location? _____
 - d. Does camera surveillance allow for facial surveillance at all points of ingress into the building? _____
 - e. How long is video kept? _____
 - f. State the annual cost of video surveillance monitoring, if separate from the cost of the Central Station Alarm service? \$ _____
16. Do you cultivate cannabis or plan on cultivating cannabis in the next year? _____
- a. **If yes, please complete cultivation supplemental.**
17. Do you manufacture any cannabis products other than packaged flower or pre-rolls? _____
- a. **If yes, please complete manufacturing supplemental.**
18. Were all electrical, plumbing, irrigation and fire suppression systems installed by a licensed contractor? _____
- a. Identify the contractor(s), if known? _____
 - b. Did the contractor have General Liability limits of at least \$1,000,000? _____

Compliance

- 1. Is applicant in full compliance with all local and state laws governing cannabis businesses, including but not limited to the requirement to record the inventory and movement of all cannabis and cannabis products into and out of the business? _____
 - a. Please identify your Track-and-Trace System _____
- 2. Are all products sold by the applicant tested per state regulations? _____
 - a. Please provide the name of the lab? _____
- 3. Does the applicant employ any professionals (physicians, pharmacists, etc)? _____
 - a. If yes, do these professionals carry professional liability insurance? _____
- 4. Does the applicant ever transport cannabis-containing products across state lines? _____
- 5. Are all cannabis products applicant purchases bought from licensed operators? _____

Additional Coverages Requested

1. Hired Auto & Non-Owned Auto Liability (must complete additional app): _____
2. Sump Pump & Water Backup Sublimit: No \$10,000 \$15,000 \$25,000
3. Building Ordinance or Law: No Coverage A (only) Coverages A, B & C
4. Limited Product Withdrawal Expense Coverage: _____

If yes, select option below.

Limit of Liability	Flat Premium Charge	Deductible (per Occ.)
<input type="checkbox"/> \$25,000	\$250	\$250
<input type="checkbox"/> \$50,000	\$500	\$500
<input type="checkbox"/> \$100,000	\$1,000	\$1,000
<input type="checkbox"/> \$250,000	\$2,500	\$2,500

5. Special Events (*other than Trade show booths - already included*)

Event Name:	City/State:	Date:	On-Site Consumption:
_____	_____	_____	_____
_____	_____	_____	_____

6. Late Reported Notice of Occurrence Coverage: _____ Cut-off Date: _____

Provides some additional coverage when switching from Claims-Made to Occurrence Prem/Ops.
Ask your broker for details. If yes, please provide sales figures for the past four years.

Last Year	2nd Year	3rd Year	4th Year
_____	_____	_____	_____

7. Additional Property Coverages:

Property Enhancements – Please check “Tier” option, if you wish to add, subject to the Additional Premium set below:

	<input type="checkbox"/> Tier 1 Limits	<input type="checkbox"/> Tier 2 Limits	<input type="checkbox"/> Tier 3 Limits	Deductible
Accounts Receivable	\$10,000	\$10,000	\$10,000	\$1,000
Employee Dishonesty	\$10,000	\$10,000	\$15,000	\$1,000
Money & Securities (Inside)	\$5,000	\$10,000	\$15,000	\$1,000
Money & Securities (Outside)	\$5,000	\$10,000	\$15,000	\$1,000
Personal Effects	\$10,000	\$10,000	\$10,000	\$1,000
Property of Others	\$10,000	\$10,000	\$10,000	\$1,000
Robbery & Safe Burglary	\$5,000	\$10,000	\$15,000	\$1,000
Sign Coverage	\$10,000	\$10,000	\$10,000	\$1,000
Tenant Glass	\$10,000	\$10,000	\$10,000	\$1,000
Valuable Papers	\$10,000	\$10,000	\$10,000	\$1,000
ADDITIONAL PREMIUM:	\$500	\$1,000	\$1,500	

ADDITIONAL UNDERWRITING INFORMATION

*In addition to this application, we require Accord Applications (125, 126, and 140), 5-year loss history, copy of State license, and a statement of values for multi-location applicants. **Please include Acord 45 for Additional Insured requests. Manufacturers and Cultivators must complete a supplemental application.***

INSPECTION REQUIREMENT

Please note that it is a condition of this policy, if bound, that the insured allow a physical inspection of the insured site for verification of exposures, operations, and protective safeguards in place. It is the duty of the insured, or the designated inspection contact, to make sure this policy condition is complied with and not delayed more than 60 days after the effective date of coverage. Non-compliance with this requirement is a violation of the policy conditions and subject to policy cancellation.

***** IMPORTANT NOTICE:**

If theft coverage (form CP 1030) is quoted and bound based on the information contained in this application, and it is revealed during the inspection process that safeguards are not as represented, theft coverage may be removed and theft losses will not be covered. Failure to comply with warranties on the policy, including those contained within GBR 421 and GBR 843, may exclude coverage for theft.

**** Copies of Protective Safeguards Warranty (GBR 421 & GBR 843) available upon request.*

_____ I have read and understand the above.
(applicants initials here)

APPLICANT’S WARRANTY STATEMENT

I have read this application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to issue the policy for which I am applying. I acknowledge and agree that all representations made in this application are material and that if Golden Bear Insurance Company insures my cannabis business, that Golden Bear has done so in reliance on my representations.

_____	_____	_____	_____
Applicant Signature	Date	Producers Signature	Date
_____		_____	_____
Applicant’s Title		Producer License No.	State of License