

**Section- 1 - General Information:**

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Main contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

TYPE:  Corporation  Partnership  LLC  Individual  Non-profit  For Profit

USE:  Recreational  Medicinal  Both

Operations: List all operations:  Manufacturer/Processor  Indoor Grow  Outdoor Grow  Retail  Lab

Other (describe) \_\_\_\_\_

Is the Insured a member of any cannabis trade associations? No  Yes

If yes; who?  CCSE  NTACH  Other: \_\_\_\_\_

List your projected receipts/income by category for the next 12 months:

- a. Cultivation sales: \$ \_\_\_\_\_
  - b. Manufacturing/Processing sales: \$ \_\_\_\_\_
  - c. Recreational retail sales: \$ \_\_\_\_\_
  - d. Medicinal retail sales: \$ \_\_\_\_\_
  - e. Lab Operations \$ \_\_\_\_\_
  - b. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- Total for next 12 months \$ \_\_\_\_\_

What are the total gross sales for the last 12 months: \$ \_\_\_\_\_  New Venture—no prior gross sales

**Section 2 - Claims History:**

All questions must be answered. Failure to disclose claims history could invalidate any and all coverage.

1. Has any application for similar insurance made on behalf of the Applicant and /or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary or affiliated Organization thereof ever been declined, cancelled or non-renewed? Yes  No

2. Do you currently have insurance coverage? Yes  No   
 Insurer Policy Number Coverage Limits Premium Expiration Date

3. Has the applicant had any prior Liability and or Property claims in the past 5 years: Yes  No   
 If yes please provide details on a word document:

4. Complete the following for any applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization:

A. Have any of the above been convicted for an act committed in violation of any law including traffic in the last 10 years Yes  No   
 If yes, give details: \_\_\_\_\_

B. Is the applicant in compliance with all local & state laws regarding the manufacture, control, dispensing of cannabis? Yes  No

### Section 3 - Liability and Property coverage

Complete Section 3 for each location/building

Location/BLDG #\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Physical address: \_\_\_\_\_

What are the operations at this location (Dispensary, Grow, Manufacturing/Processing Other-describe): \_\_\_\_\_

What are your hours of operation: \_\_\_\_\_

Year building built: \_\_\_\_\_ **if the building is older than 20 years the applicant will need to provide the year the following were last worked on.** Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_

Construction type (Frame, Masonry, Glass etc...)\_\_\_\_\_ Number of stories: \_\_\_\_\_ Square footage \_\_\_\_\_

Are there Fire Sprinklers Yes  No  What percentage of the building is Sprinkled \_\_\_\_\_%

#### Questions:

1. Are there any Dogs on the premises? Yes  No 
  - a. If yes, what type of breed(s): \_\_\_\_\_
2. Does the applicant have an Active Central Station Alarm System Yes  No
3. Are all windows and doors connected to the Central Station Alarm: Yes  No 

Weight	Fire Rating
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4. Does the applicant have an approved safe: No  Yes  \_\_\_\_\_  
*Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground*
5. Does the Applicant use a Vault to secure cannabis finished stock: Yes  No
6. Do you have a buzz in system or security personnel at the door: Yes  No
7. Does the entrance to the location listed on this page have a Lobby, double entrance or man trap: Yes  No
8. Does the applicant have Interior and Exterior cameras? Yes  No
9. Are there any fire arms on the property (including any fire arms carried by security guards): Yes  No
10. Does the insured sub-contract their security guards Yes  No   
*if yes the security company must list you as an additional insured*
11. Does the applicant maintain written records of all cannabis and cannabis containing products, including the purchase date, type of product and purchase price? Yes  No

#### Liability coverage:

- \$1,000,000 each occurrence /\$1,000,000 aggregate
- \$1,000,000 each occurrence /\$2,000,000 aggregate
- \$2,000,000 each occurrence/\$2,000,000 aggregate

Include Governmental Actions Coverage: Yes  No  \$5,000 each occurrence /\$10,000 aggregate

Include Non-Owned Auto: Yes  No  Follows the Liability coverage

#### Property Coverage and Endorsements at this location:

- Building Coverage: \$ \_\_\_\_\_  Check box if triple net lease and included copy of lease
- Loss of Income \$ \_\_\_\_\_ Number of months \_\_\_\_\_
- Outdoor Signs \$ \_\_\_\_\_
- Cannabis Inventory/Finished Stock \$ \_\_\_\_\_ What percentage is required to be refrigerated \_\_\_\_%
- Indoor Grow Equipment & Tools \$ \_\_\_\_\_
- Outdoor Grow Equipment & Tools \$ \_\_\_\_\_
- Business Personal Property \$ \_\_\_\_\_
- Tenants Improvements \$ \_\_\_\_\_
- Add Property Enhancement Yes  No  \$15,000 Blanket Coverage – including Money and Securities
- Add Cargo / Transport – **Choose one of the following options:**
- Option #1 Yes  No  \$2,500 per any One Loss; \$10,000 per Policy
- Option #2 Yes  No  \$5,000 per any One Loss; \$15,000 per Policy

**Section 4 - Cultivation Operations and Coverages**

Complete Section 4 for each cultivation location/building

Check box if there are **NO** cultivation operations and skip Section 4

Location/BLDG # \_\_\_/\_\_\_ Physical Address: \_\_\_\_\_

**Grow Operations (Check all that apply at this location/building)**

Commercial  Residential  Industrial  Other \_\_\_\_\_

Indoor  Outdoor  Greenhouse  Other \_\_\_\_\_

**Questions**

1. Is there a back-up system for the electrical supply? Yes  No

2. Does the applicant test 100% of the cannabis products grown? Yes  No   
If yes, who provides testing: Name \_\_\_\_\_ Ph# \_\_\_\_\_

3. Estimated number of harvests per year \_\_\_\_\_

4. Average yield of harvested cannabis per plant \_\_\_\_\_ (oz)

5. Average wholesale value per pound of finished cannabis stock \_\_\_\_\_

6. Maximum per plant value based on Questions 5 and 6 \_\_\_\_\_

CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= TOTAL PROPERTY COVERAGE
Seeds	#	x \$	\$
Immature Seedlings	#	x \$	\$
Vegetative Plants	#	x \$	\$
Flowering Plants	#	x \$	\$
Harvested Plants	#	x \$	\$
crop sub-total			\$
Finished Stock	LBS.	x \$	\$
Total Crop values			

**All Cultivation operations are required to warrant one of the following:**

I have used or will use a licensed, insured contractor for all electrical work at my grow facility.

I have had or will have within 30 days, all the wiring inspected by a licensed, insured contractor at my grow facility.

**I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:**

\_\_\_\_\_ Applicant Signature Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Section 5 – Cultivation Outdoor/Greenhouse Operations:**

Complete Section 5 for each Outdoor/Greenhouse location/building

Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 5

Location/Bldg # \_\_\_\_/\_\_\_\_ Physical Address: \_\_\_\_\_

Check all that apply:  Outdoor  Greenhouse  Other \_\_\_\_\_

1. Does the property have fencing around the Grow/Cultivation area listed above?  Yes  No

If yes please provide details about the fencing used (i.e. Height, Electrified, Material).

\_\_\_\_\_

2. Is there any barbwire, razor wire or electrified fencing used for security on property?  Yes  No

If yes are there signs on the property  Yes  No

3. Are gates at all entrances of the property?  Yes  No

If yes are the gates locked at all times  Yes  No

4. Are there any traps that are used for security on the property?  Yes  No

If yes please provide details:

\_\_\_\_\_

5. What percentage of the crop you use is grown by you? \_\_\_\_\_%

a. What percentage is indoor grown?\_ \_\_\_\_\_%

b. What percentage is greenhouse grown? \_\_\_\_\_%

c. What percentage is outdoor grown? \_\_\_\_\_%

**(A,B,C must total 100%)**

**Greenhouse Operations:**

1. Will the greenhouse be fully enclosed with locking doors?  Yes  No

If no, please provide photos and details on how you plan on securing the greenhouse.

2. Does the greenhouse have power?  Yes  No

If yes, provide details on equipment that is using electricity.

\_\_\_\_\_

3. Provide details on the materials used to construct the greenhouse walls. i.e. Aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc.... \_\_\_\_\_

\_\_\_\_\_

**Outdoor Operations:**

1. What is the total property size \_\_\_\_\_ Acres

2. What is the total area of the growing operations \_\_\_\_\_Acres

**Section 6 – Products Liability**

Check box if you are Declining Product Liability and skip Section 6

**Manufactured Products**

1. List complete description of products manufactured, sold or distributed by the applicant: \_\_\_\_\_  
 a. Of what materials or principal components are these composed of? \_\_\_\_\_
2. Do you manufacture\* the complete product?  Yes  No  
 a. If not, what component parts are purchased by you? \_\_\_\_\_
3. Is Vendors Coverage wanted?  Yes  No
4. Will any vendor repackage, re-label or modify your product?  Yes  No  
 a. If yes, explain: \_\_\_\_\_
5. List any product that has been discontinued or recalled in the past 5 years and why: \_\_\_\_\_
6. Is there a written products recall plan?  Yes  No
7. Any new products introduced in the past 5 years?  Yes  No  
 a. If yes, list product(s) and when introduced: \_\_\_\_\_
8. Are any new products proposed for introduction in the next 12 months?  Yes  No  
 a. If yes, list product(s) \_\_\_\_\_
9. Can products be identified from those of competitors?  Yes  No  
 a. If yes, how? \_\_\_\_\_

**Quality Control/ Loss Control**

1. Are your products tested and labeled to meet government and/or industry standards?  Yes  No  
 If yes, list standards: \_\_\_\_\_  
 a. Any products UL approved?  Yes  No  
 b. Any products FDA approved?  Yes  No  
 c. Any products not approved by UL, FDA, and/or anyone else?  Yes  No  
 If yes, by who? \_\_\_\_\_
2. List your memberships in any industry product – standard organizations (ex. ISO9000): \_\_\_\_\_
3. Is a written loss control program in effect?  Yes  No
4. Any written quality control procedure?  Yes  No

**CLAIMS HISTORY**

1. Any claims in the past 5 years?  Yes  No  
 (If yes, attach currently-valued (within past 90 days) loss runs including details)
2. Are you aware of any incident(s) that may result in a claim not reflected in question above?  Yes  No  
 If yes, explain: \_\_\_\_\_

I understand that this products liability coverage part applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

\_\_\_\_\_  
 Signature of Applicant Title Date

Section 7 – ADDITIONAL INSURED

Check box if there are no additional insured’s needed at this time and skip Section 7

**ADDITIONAL INSURED** (check one)  landlord  loss payee  Governmental Agency

Waiver Of subrogation: -provide copy of the lease if required by landlord

Primary Wording/ Non-Contributory Wording - provide copy of the lease if required by landlord

Location#/BLDG \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_ / \_\_\_\_\_

**ADDITIONAL INSURED** (check one)  landlord  loss payee  Governmental Agency

Waiver Of subrogation: -provide copy of the lease if required by landlord

Primary Wording/ Non-Contributory Wording - provide copy of the lease if required by landlord

Location#/BLDG \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_ / \_\_\_\_\_

**ADDITIONAL INSURED** (check one)  landlord  loss payee  Governmental Agency

Waiver Of subrogation: -provide copy of the lease if required by landlord

Primary Wording/ Non-Contributory Wording - provide copy of the lease if required by landlord

Location/BLDG \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_ / \_\_\_\_\_

**ADDITIONAL INSURED** (check one)  landlord  loss payee  Governmental Agency

Waiver Of subrogation: -provide copy of the lease if required by landlord

Primary Wording/ Non-Contributory Wording - provide copy of the lease if required by landlord

Location#/BLDG \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_ / \_\_\_\_\_

