|  |  |
| --- | --- |
| **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

**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

1. Hours of operation:
2. Square footage of building occupied by the applicant:
3. 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.)?

1. Is the nature of the business advertised on the outside of the building? Yes No
2. Does anyone live on the premises? Yes No If “Yes,” describe the occupancy:
3. Are there any animals on the premises? Yes No If “Yes,” describe:
4. 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

1. Are all security measures fully operational during non-business hours? Yes No

If “No,” specify which ones are not fully operational:

1. Are there any traps that are used for security at the premises? Yes No

If “Yes,” provide details:

1. 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

1. 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?

1. Are there any firearms on the premises (including any firearms carried by security guards)? Yes No

If “Yes,” describe:

1. 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
2. Are employees instructed to cooperate and obey the robber’s instructions and not to resist? Yes No
3. Is there any cannabis or cannabis product consumption allowed on the premises? Yes No

If “Yes,” provide details:

**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

1. Hours of operation:
2. Square footage of building occupied by the applicant:
3. 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.)?

1. Is the nature of the business advertised on the outside of the building? Yes No
2. Does anyone live on the premises? Yes No If “Yes,” describe the occupancy:
3. Are there any animals on the premises? Yes No If “Yes,” describe:
4. 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

1. Are all security measures fully operational during non-business hours? Yes No

If “No,” specify which ones are not fully operational:

1. Are there any traps that are used for security at the premises? Yes No

If “Yes,” provide details:

1. 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

1. 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?

1. Are there any firearms on the premises (including any firearms carried by security guards)? Yes No

If “Yes,” describe:

1. 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
2. Are employees instructed to cooperate and obey the robber’s instructions and not to resist? Yes No
3. Is there any cannabis or cannabis product consumption allowed on the premises? Yes No

If “Yes,” provide details:

**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

1. Hours of operation:
2. Square footage of building occupied by the applicant:
3. 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.)?

1. Is the nature of the business advertised on the outside of the building? Yes No
2. Does anyone live on the premises? Yes No If “Yes,” describe the occupancy:
3. Are there any animals on the premises? Yes No If “Yes,” describe:
4. 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

1. Are all security measures fully operational during non-business hours? Yes No

If “No,” specify which ones are not fully operational:

1. Are there any traps that are used for security at the premises? Yes No

If “Yes,” provide details:

1. 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

1. 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?

1. Are there any firearms on the premises (including any firearms carried by security guards)? Yes No

If “Yes,” describe:

1. 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
2. Are employees instructed to cooperate and obey the robber’s instructions and not to resist? Yes No
3. 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:

1. Is this location open and fully operational? Yes No If “No,” when will it be open and fully operational?
2. What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)   
   Retail Dispensary Lab Delivery Other (describe):
3. 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? Yes No      % | | | | |
| Construction type (frame, masonry, glass, etc.): | | Building owned by applicant? Yes No If “Yes,” complete RENOVATIONS below. | | | | | |

|  |  |  |
| --- | --- | --- |
| **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:**

1. 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

1. 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:

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

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

|  |  |  |
| --- | --- | --- |
| Building Coverage | $ | Triple Net Lease  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):

1. 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 #:      /**

1. How many buildings/structures at this location:
2. Physical Address:

Subject of Insurance Amount:       Deductible:

1. Is this location open and fully operational? Yes No If “No,” when will it be open and fully operational?
2. What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)   
   Retail Dispensary Lab Delivery Other (describe):
3. 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? Yes No      % | | | | |
| Construction type (frame, masonry, glass, etc.): | | Building owned by applicant? Yes No If “Yes,” complete RENOVATIONS below. | | | | | |

|  |  |  |
| --- | --- | --- |
| **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:**

1. 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

1. 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:

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

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

|  |  |  |
| --- | --- | --- |
| Building Coverage | $ | Triple Net Lease  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):

1. 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 #:      /**

1. How many buildings/structures at this location:
2. Physical Address:

Subject of Insurance Amount:       Deductible:

1. Is this location open and fully operational? Yes No If “No,” when will it be open and fully operational?
2. What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)   
   Retail Dispensary Lab Delivery Other (describe):
3. 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? Yes No      % | | | | |
| Construction type (frame, masonry, glass, etc.): | | Building owned by applicant? Yes No If “Yes,” complete RENOVATIONS below. | | | | | |

|  |  |  |
| --- | --- | --- |
| **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:**

1. 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

1. 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:

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

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

|  |  |  |
| --- | --- | --- |
| Building Coverage | $ | Triple Net Lease  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):

1. 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: | | | | | 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 |

**\*Provide a copy of your current declaration page**.

**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

1. How much inventory is displayed to customers? 0-5% 6-10% 11-25% Greater than 25%
2. 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
3. Does applicant grow medical or recreational marijuana, or any other cannabis plants on premises? Yes No

If “Yes,” complete PART B – GROWING FACILITY INFORMATION.

1. 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.

1. 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

1. 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
2. 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.

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 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:

1. If cultivation areas are located outdoors, does a fence surround the cultivation areas? Yes No

If “Yes,” answer the following:

1. Describe the fence (e.g. height, material used, electrified, etc.):
2. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on property? Yes No
3. Is the fenced-in area locked at all times? Yes No
4. Are there locked gates at all entrances to the property and/or growing area? Yes No
5. 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:

1. Is the greenhouse constructed of polycarbonate or impact resistant glass panels secured to a permanent foundation? Yes No

If “No,” describe the construction materials:

1. What is the maximum number of plants on the premises at any one time:
2. 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.

1. 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:

1. 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
2. Will your operation(s) include the extraction of cannabis oils or the manufacturing of any concentrates? Yes No

If “Yes,” answer the following:

1. What extraction or manufacturing method will the applicant utilize:
2. 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
3. Is equipment installed, serviced, and repaired by a qualified, factory-trained technician? Yes No
4. Are closed loop extraction systems installed? Yes No
5. Is a formal checklist used to ensure equipment is operating in strict accordance of manufactures’ specifications? Yes No
6. Is a formal training program in place to ensure equipment is operated in strict accordance of manufactures’ specifications? Yes No
7. Will the oils or concentrates be distributed in bulk to other infused product manufacturers? Yes No
8. Are any of the products (e.g. oils, shatter, hash, etc.) intended for use in vaporizing devices? Yes No

If “Yes,” which product(s):

1. Are flammable liquids stored in UL or FM approved containers or stored in an approved cabinet of flammable liquids storage room? Yes No
2. Are flammable gas cylinders stored in a segregated, secured location, and chained or secured with protective caps in place at all times? Yes No
3. Are air monitors and alarm systems installed in all areas using flammable gasses? Yes No
4. Does the production of any of the products require open flame, frying, or other cooking methods? If “Yes,” answer the following questions. Yes No
5. Does establishment have a UL-300 compliant automatic fire suppression system with nozzles that extend over all cooking surfaces? Yes No
6. What type of fire suppression system?
7. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? Yes No
8. How often are the hoods and flues checked?
9. Does your cooking/frying equipment have an automatic gas/propane supply cutoff valve? Yes No
10. Does that applicant have a deep fat fryer with a high limit temperature switch? Yes No
11. Will the applicant’s equipment be used and/or rented to others who are not the named insured? Yes No
12. Does the applicant actually produce the individually filled cartridges vapor pens? If “Yes,” answer the following questions. Yes No
13. 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:

1. Submit a copy of the insured’s label and packaging for the cartridges evidencing warnings and disclaimers with this application.
2. Are all marijuana and marijuana-containing products manufactured and distributed by the applicant sold in childproof packaging or containers? Yes No
3. 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
4. Does labeling contain warning to keep product away from children and pets? Yes No
5. 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
6. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children? Yes No
7. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements:
8. Do any products, ingredients, or components originate from outside of the United States? If “Yes”, answer the following questions. Yes No
9. Specify what products are imported and the countries of origin:
10. Are imported products and components tested for contamination and verification that they match what was ordered? Yes No
11. 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
12. 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.) Terpene profiles

Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)

If “No,” describe how the applicant ensures product purity:

1. 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: