

	Insurance420.com 750 N Franklin Ste 208 Chicago, IL 60654	<b>Marijuana Business Application</b>
		email applicaiton to: info@insurance420.com

**APPLICANT'S INSTRUCTIONS:**

1. All Applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
3. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
4. Please read the statements at the end of this application carefully. Thank you!

*\*If there are multiple Business Names please provide detailed list or organizational chart showing relationship*

SECTION I – GENERAL INFORMATION				
<b>*Business Name:</b>				
<b>DBA:</b>				
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Inspection Contact Name:</b>				
<b>Phone:</b>	<b>Email:</b>	<b>Website:</b>		
<b>Type of Enterprise:</b> <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government Entity <input type="checkbox"/> Other:				
<b>Description of operations:</b>				
<b>Description of Product Use:</b> <input type="checkbox"/> Recreational <input type="checkbox"/> Medicinal <input type="checkbox"/> Both <input type="checkbox"/> Other:				
<b>Date Business was established:</b>		<b>Years in business under current Management:</b>		
<b>Is the Insured a member of any cannabis/Marijuana trade associations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", what organization(s)?</b> <input type="checkbox"/> CCSE <input type="checkbox"/> NORML-NBN <input type="checkbox"/> NCIA <input type="checkbox"/> CCIA <input type="checkbox"/> Other:				
<b>Has the applicant or principal filed Bankruptcy in the last 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", which type?</b> <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13				
<b>List of subsidiaries and their operations:</b>				
<b>List any additional offices and provide locations:</b>				
<b>Have any of the principals engaged in this or similar enterprises under a different name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", please list the entity and operations:</b>				
<b>Provide the business financial information for the last five 5) years and estimates for the next year</b>				
<b>Year</b>	<b>Domestic Sales</b>	<b>Foreign Sales</b>	<b>Payroll</b>	<b># of Employees</b>
Next Year				
Last Year				
2nd year prior				
3rd year prior				
4th year prior				

## SECTION II – PRIOR INSURANCE AND CLAIMS HISTORY

Please provide insurance information for the past three (3) years:

Carrier	Coverage	Limits	Deductible	Retro Date	Premium	Exposure or Rate

In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance?

Yes

No

If "Yes", please provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of Claims	Total Paid	Total Reserves	Total Incurred	Valuation Date

## SECTION III – INSURANCE COVERAGE INFORMATION

Requested Policy Effective Date:

Requested Policy Expiration Date:

Please indicate below, by placing an "X" in the box, which coverages are being requested and complete relevant portions of this application as applicable.

Coverage	Application Sections to Complete
<input type="checkbox"/> Commercial Property	Section IV – Property Coverage Section V – Premises Information

- ☐ Building Coverage: \_\_\_\_\_
- ☐ Business Personal Property/Equipment: \_\_\_\_\_
- ☐ Tenant's Improvements and Betterments: \_\_\_\_\_
- ☐ Business Income: \_\_\_\_\_
- Amount of limit available any given month during the period of restoration: \_\_\_\_\_
- ☐ Property in Transit: \_\_\_\_\_
- ☐ Discharge from Sewer and Drain – (\$25,000 Limit)
- ☐ Expanded Property Endorsement
- ☐ Completed Stock\*: \_\_\_\_\_
- ☐ Goods In Process\*\*: \_\_\_\_\_

Does this property have a triple net lease?      Yes      No

Equipment Breakdown

☐ Ordinance or Law (Choose one of the following options)

☐ Coverage A only \_\_\_\_\_; or

☐ Coverage C only \_\_\_\_\_; or

☐ Coverages A and B \_\_\_\_\_; or

☐ Coverages A, B and C \_\_\_\_\_.

NOTE: Coverages B and C can be combined into one "combo" limit

**\*No coverage for plants while growing outdoors**

Phase	Number of Plants   x	Per Plant Value   =	Total
Seedling			
Vegetative			
Flowering			

\*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

SECTION III – INSURANCE COVERAGE INFORMATION (continued)				
<input type="checkbox"/> General Liability	Occurrence	Aggregate	<b>Application Sections to Complete</b>	
General Liability Options			Section V – Premises Information  Section VI – Operations  Section VII – Liability Coverage: (only complete the parts that apply to your operations)  Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations	
<input type="checkbox"/> Increased Damage to Premises Rented to You (\$100,000 Included) <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$ 500,000				
<input type="checkbox"/> Increased Medical Payments (\$5,000 Included) <input type="checkbox"/> \$10,000				
<input type="checkbox"/> Employee Benefits (\$1,000,000 Each Employee \$1,000,000 Aggregate)				
<input type="checkbox"/> Stop Gap (OH, WA, ND, WY, PR) <input type="checkbox"/> Basic <input type="checkbox"/> \$ 1,000,000				
Our Hired and Non-owned Auto Coverage is for occasional, non-regular use of hired or rented autos, or autos owned and driven by an employee on behalf of the company/employer. <b>Hired and Non-Owned (\$1,000,000 Limit)*</b> 1. Does the insured have a commercial auto policy?                      Yes                      No 2. Describe how employees use their own vehicles for the employer: _____ 3. How does the insured qualify employees who use their vehicles? <input type="checkbox"/> MVRs? <input type="checkbox"/> Minimum personal auto policy liability limit requirements? <input type="checkbox"/> Certificates of insurance? <input type="checkbox"/> Vehicles condition and capability check?				
<i>*We will not be able to add coverage for hired and non-owned autos if the insured does any type of regular delivery, especially "pizza delivery" or "milk run" type deliveries, no matter how occasional.</i>				
<input type="checkbox"/> *Product Liability	Each Claim	Aggregate	Deductible	Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: (only complete the parts that apply to your operations) Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations
<input type="checkbox"/> Product Withdrawal (\$250,000 Limit w/\$25,000 Deductible) <input type="checkbox"/> Professional Sublimit (\$50,000 Limit)				
<i>*If a retro date is requested, please provide a copy of the dec page showing previous coverage</i>				

SECTION IV – PROPERTY COVERAGE (please complete this section for each location/building)				
1. Location/Building# ____/____ How many Buildings/Structures are at this location? _____				
2. Physical Address: _____		City: _____		State: _____ Zip: _____
3. Is this location fully open and operational?                      Yes                      No If "No", when do you expect this location to be open and fully operational? _____				
4. What are the operations at this building only:		Manufacturer Lab	Processor Delivery	Cultivation Distribution      Retail/Dispensary Other: _____
5. Is there any oil extraction done at this location?                      Yes                      No If "Yes", what method is used?                      CO2                      Butane                      Propane                      Other: _____				
6. General Building Information: Year Building Built: _____ Square Footage: _____ Number of Stories: _____ Age of Roof: _____ Roof Type: (Tile, Metal, Shingle, etc....) _____ Construction Type: (Frame, Masonry, Glass, etc....) _____ ISO Protection Class: _____				
7. If the building is over 20 years old, provide the year the following were updated: Roof _____ Plumbing _____ Electrical _____ HVAC _____				
8. Are there Fire Sprinklers?                      Yes                      No                      Percentage of the Building is sprinkled? _____				
9. Does the applicant own the building?                      Yes                      No				
10. Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc.?                      Yes                      No If "Yes", please provide details: What stage are the renovations currently at? _____				

If not currently occurring, for when are the renovations planned? _____ When do you expect the renovations to be completed? _____ What is the total estimated value of the renovation? _____ Is there coverage on the building currently?      Yes      No Do you currently have a Builder's Risk policy?      Yes      No If "Yes", please provide a coverage certificate. If no, name of contractor: _____		
11. Does the applicant have an approved safe:      Yes      No <i>Minimum safe requirements: 800lb with a 1-hour fire rating; under 2000lb must be bolted to the ground</i>		
12. Does the applicant have a vault room?      Yes      No If Yes, please describe in detail: _____		
13. Is there a vacuum oven, centrifuge, distillation column and/or Rotovaps in the building?      Yes      No If Yes, please provide manufacturer, model number, replacement cost, and motor's HP for each. _____		
14. Is there an electrical back up system?      Yes      No      How are the plants watered? _____		

SECTION V – PREMISES INFORMATION (please complete this section for each location/building)				
15. Location/Building# ____/____				
16. Description of business operation(s) at this location:	Manufacturer Lab	Processor Delivery	Cultivation Distribution	Retail/Dispensary Other: _____
17. Describe the type of crime area in which applicant's premises is located:	Low	Moderate	High	
18. Square footage of building occupied by insured: _____				
19. Describe the area in which the applicant's business is located:	Commercial	Industrial	Agricultural	Residential
20. Is the nature of the business advertised on the outside of the building?	Yes	No		
21. Does 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 (i.e., deadbolts, alarms, etc.):	_____			
22. Does anyone live on the premises?	Yes	No		
If "Yes", please describe occupancy:	_____			
If "Yes", is separate homeowner's insurance coverage in place?	Yes	No		
23. Does the premises have a pool, pond, or other water exposure?	Yes	No		
If "Yes", please explain:	_____			
24. Which of the following security systems are utilized (please check all that apply):				
Central station burglar alarm	Exterior video cameras	Interior video cameras		
Automatic Sprinkler System	Interior motion detectors	Security guards – armed		
Security guards – unarmed	Door greeter/ID checker	Gated doors		
Gated windows	Hold-up button/panic button	Safe or vault		
Fencing	Dog(s); Breed and Number: _____			
25. Are all security measures fully operational during non-business hours?	Yes	No		
If "No", which ones are not:	_____			
26. If guards and/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 applicant as an additional insured?	Yes	No		
• Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?	Yes	No		
• What limits do independent contractors carry?	_____			
27. Are there any firearms on the property (including any firearms carried by security guards)	Yes	No		

If "Yes", please explain: _____		
28. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?	Yes	No
29. Are employees instructed to cooperate and obey the robber's instructions and not to resist?	Yes	No

SECTION VI – Operations		
30. Please provide the following financial information:		
	Previous 12 months	Projected next 12 months
Annual gross receipts from medical marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from 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.)		
Annual gross receipts from medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from medical marijuana concentrates not intended for use in vaporizing devices		
Total Medical Marijuana & Medical Marijuana Containing Products:		
Annual gross receipts from recreational marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused recreational 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 recreational marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from recreational marijuana oil cartridges or recreational marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from recreational marijuana concentrates not intended for use in vaporizing devices		
Total Recreational Marijuana & Recreational Marijuana Containing Products:		
Annual gross receipts from vaporizing devices including room vaporizers and vapor pens		
Annual gross receipts from smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)		
Annual gross receipts from sales of other goods (e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp based lotions or oils, etc.)		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services (e.g. massage, acupuncture, etc.)		
Total Revenues (All Products and Services):		
Total number of patient contacts		
Total payroll:		
31. What experience does the insured have in operating a marijuana business and/or running or managing a commercial business? Please describe:		
32. Is the applicant in compliance with all local and state laws regarding the growth, manufacturing, dispensing, and/or control of marijuana or marijuana containing products?		
	Yes	No

**SECTION VII – LIABILITY COVERAGE (please complete all relevant sections as applicable)**

<b>A. DISPENSARY INFORMATION</b>	N/A
31. Are there any employed professionals ( <i>e.g., physicians or pharmacists</i> )? If “Yes”, do the employed professionals carry their own separate professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
32. How does the dispensary ensure compliance with state law ( <i>please check all that apply</i> ): <input type="checkbox"/> Checking photo ID and registration card of patient <input type="checkbox"/> Confirming physician’s recommendation <input type="checkbox"/> Checking photo ID to verify consumer is over age 21 <input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises <input type="checkbox"/> Other ( <i>describe</i> ):	
33. How much inventory is displayed to customers? <input type="checkbox"/> 0-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> Greater than 25%	
34. Is any on-site consumption of marijuana or marijuana containing products permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does applicant offer delivery of marijuana products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant’s strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:	
37. If the applicant distributes marijuana oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time? If “No”, please explain how the applicant controls access to these high dose / concentration products:	
38. If applicant distributes marijuana oils or concentrates manufactured by others, does applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process? If “No”, what type of extraction system and solvents are used by the insured’s manufacturers / suppliers?	
39. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana containing product 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, the date and time dispensed?	
40. Does applicant maintain separate records for medical and recreational marijuana products?	
41. Does applicant grow medical or recreational marijuana or are other cannabis plants on the premises?  If “Yes”, please complete Section V – Growing Facility Information.	
42. 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?  If “Yes”, please complete Section VI – Manufacturing & Processing Operations.	
43. Do any products, ingredients, or components originate from outside of the United States? If “Yes”: <div style="margin-left: 20px;">                         a. Specify what products are imported and the country(ies) of origin:                     </div> <div style="margin-left: 20px;">                         b. Are imported products and components tested for contamination and verification that they match what was ordered?                     </div>	
44. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers?	
45. 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?	

46. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? ☐ Yes ☐ No  
 If "Yes", do all testing reports received from this laboratory indicate the following (please 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, delta9-THC, CBDA, CBD, CBG, CBN, etc.)

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

☐ Terpene profiles

If "No", how does applicant ensure product purity?

B. GROWING FACILITY INFORMATION	N/A
47. Does applicant grow any marijuana that is intended to be distributed for recreational purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what percentage of revenue is derived from these operations?      %	
48. Does applicant maintain separate records for medical and recreational products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. Are marijuana cultivation areas located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouse a. If outdoors, provide the approximate size of the growing area in acres:	
50. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer the following:	
a. Please describe fence (i.e. height, material used, electrified, etc.):	
b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is fenced in area locked at all times:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are there locked gates at all entrances to the property and/ or growing area:	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", please describe how the greenhouse will be secured to prevent unauthorized entry:	
52. What is the maximum number of plants on the premises at any one time?	
53. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", please complete Section VI – Manufacturing & Processing Operations.	
54. Does applicant use a 3 <sup>RD</sup> party testing laboratory to test their marijuana and marijuana containing products? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", do all testing reports received from this laboratory indicate the following (please 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, delta9-THC, CBDA, CBD, CBG, CBN, etc.)	
<input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)	
<input type="checkbox"/> Terpene profiles	
If "No", how does applicant ensure product purity?	
55. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3 <sup>rd</sup> party testing laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Manufacturing & Processing Operations		N/A	
56. Please supply a complete list of products manufactured or processed by applicant			
57. Are manufacturing and processing facilities located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors If outdoors, provide the approximate size of the processing area in acres:			
58. Will the production of any of the above listed products require open flame, frying, or other cooking methods?		Yes	<input type="checkbox"/> No
If "Yes", please answer the following:			
a. Does your establishment have an automatic fire suppression system that extends over all cooking surfaces?		Yes	<input type="checkbox"/> No
b. Are hoods and flues inspected / cleaned by an outside service and tagged for verification of this?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates?		Yes	<input type="checkbox"/> No
If "Yes", please 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. Will the oils or concentrates be distributed in bulk to other infused product manufacturers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", which product(s)?			
e. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:			
60. Does the applicant actually produce the individual filled cartridges for vapor pens?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please answer the following:			
a. Are the cartridges one size fits all or are they only compatible with a particular brand?			
i. If only compatible with a particular brand, which brand?			
b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers.			
61. Are all marijuana and marijuana containing products manufactured and distributed by the applicant sold in child proof packaging or containers?		<input type="checkbox"/> Yes	No
62. Has applicant consulted with an attorney to determine that their labeling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements?		Yes	No
If "No", please answer the following:			
a. Does labeling contain warning to keep product away from children and pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does labeling contain warning that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption?		<input type="checkbox"/> Yes	No
c. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements:			
63. Do any products, ingredients, or components originate from outside of the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes":			
a. Specify what products are imported and the country(ies) of origin:			
b. Are imported products and components tested for contamination and verification that they match what was ordered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and AI status from all US based manufacturers or suppliers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



65. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? ☐ Yes ☐ No

If "Yes", do all testing reports received from this laboratory indicate the following (please 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, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- ☐ Terpene profiles

If "No", how does applicant ensure product purity?

66. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory? ☐ Yes ☐ No

67. Does applicant have a written product recall plan? ☐ Yes ☐ No

#### SECTION VIII – ADDITIONAL INSURED

\_\_\_\_\_ Mark "X" if there are NO additional insureds needed at this time

\_\_\_\_\_ See Attached for detailed list of additional Insureds

**ADDITIONAL INSURED** (check one): \_\_\_\_\_ Landlord \_\_\_\_\_ Loss Payee \_\_\_\_\_ Governmental Agency \_\_\_\_\_ Other:

\_\_\_\_\_ Waiver of Subrogation

\_\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_\_ / \_\_\_\_\_

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

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

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

**ADDITIONAL INSURED** (check one): \_\_\_\_\_ Landlord \_\_\_\_\_ Loss Payee \_\_\_\_\_ Governmental Agency \_\_\_\_\_ Other:

\_\_\_\_\_ Waiver of Subrogation

\_\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_\_ / \_\_\_\_\_

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

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

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

## SECTION IX – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

### COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

*(Not required in all states, contact your agent or broker for your state's requirements.)*

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

### NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period. The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

### FRAUD STATEMENTS

#### 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 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 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.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: