

Cannabis-Supplemental Application

(Medical and Recreational)

Additional Information Required For Submission

- License to Operate
- Security Procedures Plan

Section 1: General Information

Applicant Name: _____ DBA: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Type: ☐ Corporation ☐ Partnership ☐ LLC ☐ Individual ☐ Non-Profit ☐ For-Profit
☐ Joint Venture ☐ Government Entity ☐ Other: _____

Use: ☐ Recreational ☐ Medicinal ☐ Both

Operations (List All Operations):

☐ Indoor Grow (Includes Greenhouses) ☐ Outdoor Grow (No Structure) ☐ Manufacturer ☐ Processor
☐ Retail (Recreational) ☐ Dispensary (Medical) ☐ Lab ☐ Wholesaler ☐ Building Owner
☐ School ☐ Other: _____

Extractions: Yes No If Yes, What Type/Method: _____

List of Subsidiaries and their Operations:

New Venture: Yes No If No, How Many Years in Business: _____

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
Grow/Cultivation	\$ _____	\$ _____
Processing	\$ _____	\$ _____
Manufacturing	\$ _____	\$ _____
Wholesaler	\$ _____	\$ _____
Dispensary (Medical)	\$ _____	\$ _____
Retail (Recreational)	\$ _____	\$ _____
Laboratory	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____

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? (If Yes, provide below). **Yes** **No**

Insurer	Type of Policy	Coverage Limits	Premium	Exp. Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Has the applicant had any prior Liability and or Property claims in the past 5 years, whether or not insured? If yes, provide details on a Word document and attach to the application. **Yes** **No**

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.

1. Have any of the above been convicted of an act in violation of any law including traffic violations in the last 10 years? If yes, provide the name of the person(s) who was convicted or committed the violation(s), relationship to the company and what the conviction(s)/violation(s) is. **Yes** **No**

Name: _____ Relationship: _____ Conviction/Violation: _____

Name: _____ Relationship: _____ Conviction/Violation: _____

2. Is the applicant licensed or in the process of obtaining such and in compliance with all local & state laws regarding the growth, manufacturing, processing, control, dispensing of cannabis? **Yes** **No**

Section 3: Property Information

Complete Section 3 for each location.

Location # _____

Physical Address: _____

How many buildings/structures at this location? _____

Is this location fully open and operational? **Yes** **No**

If no, when do you expect to be open and fully operational? _____

Is the nature of the business advertised on the outside of the building? **Yes** **No**

What are the operations at this location? (*Manufacturer, Processor, Grow/Cultivate, Retail, Dispensary, Lab, Delivery, Other*) describe: _____

What are your hours of operation? _____

Year building was built: _____ if the building is over 20 years old, provide the year the following were updated:

Roof: _____ Plumbing: _____ HVAC: _____ Electrical: _____

Construction Type (*Frame, Masonry, Glass, etc.*): _____ Number of Stories: _____ Square Footage: _____

Are there Fire Sprinklers? **Yes** **No** What percentage of the building is sprinkled? _____%

Is there any Residential* exposure at this location? **Yes** **No** If Residential* is it owner occupied? **Yes** **No**

***All Residential occupied facilities will require proof of Home Owners Coverage**

Are there any of the following at this location; If yes, indicate the number of each:

☐ Showers: _____ ☐ Soaking Pools/Hot Tubs: _____ ☐ Swimming Pools: _____

Does the applicant maintain written records of all transactions? (check all that apply)

☐ Purchase Date ☐ Type of Product ☐ Whether Purchased for Medical or Recreational Use ☐ Purchase Price

Security Questions

1. Which of the following security measures are utilized? (check all that apply)

☐ Interior Video Cameras ☐ Exterior Video Cameras ☐ Interior Motion Detectors ☐ Security Guards (Armed)
☐ Security Guards (Unarmed) ☐ Gated Doors ☐ Buzz in System ☐ Hold-Up/Panic Button ☐ Fencing

2. Does the applicant occupy the entire building? **Yes** **No**

a. If no, are there connecting doors to adjacent units? **Yes** **No**

b. If yes, how are the connecting doors secured? (i.e. deadbolts, alarms, etc.): _____

3. Does the applicant have an active Central Station Alarm System? **Yes** **No**

a. Are all windows and doors connected to the Central Station Alarm? **Yes** **No**

4. Are there any Dogs on the premises? **Yes** **No**

a. If yes, is appropriate warning signage posted? **Yes** **No**

5. Does the applicant have an approved safe or vault? **Yes** **No** Weight: _____ Fire Rating: _____

Minimum safe and vault requirements: 800lb with a 1hr fire rating; less than 2000lb must be bolted to the ground

6. Does the applicant use a safe or vault to secure cannabis finished stock? **Yes** **No**

a. If no safe/vault present, provide description of storage area: _____

7. Does the entrance to this location have a lobby, double entrance or man trap? **Yes** **No**

8. Are there fire arms or weapons on the property (including any fire arms/weapons carried by security guards)? **Yes** **No**
9. Are all security measures fully operational during non-business hours? **Yes** **No**
 a. If no, which are not operational? _____
10. If guards or greeters are used are the employees? **Yes** **No**
 a. If no, do independent contractors acting as security guards/greeters carry their own insurance? **Yes** **No**
A sub-contracted security company must list you as an Additional Insured
 b. If yes, do they name the applicant as an additional insured? **Yes** **No**
11. Does the applicant get certificates of insurance evidencing limits of insurance coverage? **Yes** **No**
12. What limits does the applicant require the independent contractors carry? _____
13. Is there any cannabis or cannabis product consumption allowed on premises? **Yes** **No**

Dispensary/Retail Operations Questions

Complete only if applicant has a dispensary or retail operation

1. How does applicant ensure compliance with state law? (check all that apply)
☐ Checking Photo ID ☐ Checking Patient Registration Card ☐ Confirming Physician's Recommendation
☐ Maintaining Maximum Amount of Cannabis on Premises ☐ Other: _____
2. Does the applicant employ any professionals (i.e. Physician's or Pharmacists)? **Yes** **No**
 a. If yes, do they carry their own professional liability insurance? **Yes** **No**
 b. If yes, do they name the applicant as an additional insured? **Yes** **No**
3. Does the applicant get certificates of insurance from professionals evidencing limits of insurance coverage? **Yes** **No**
4. What limits does the applicant require professionals to carry? **Yes** **No**
5. How much inventory is displayed to customers? _____%
6. Does the applicant offer delivery of cannabis or cannabis products? **Yes** **No**
7. Does the applicant grow any cannabis on the premises? **Yes** **No**

Manufacturing and Processing Questions

Complete only if applicant is a manufacturer or processor facility

1. Are manufacturing and processing facilities located (check all that apply): ☐ Indoors ☐ Outdoors
 a. If outdoors, provide the approximate size of the processing area in acres: _____
2. Does the production of any of the products require open flame, frying or other cooking methods? **Yes** **No**
 a. If yes, does the establishment have a UL-300 compliant automatic fire suppression system with nozzles that extend over all cooking surfaces? **Yes** **No**
 I. If yes, what type of fire suppression system is it: _____
 II. If yes, are hoods and flues inspected/cleaned by an outside service and tagger? **Yes** **No**
 i. If yes, how often are the hoods and flues checked: _____
3. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? **Yes** **No**
4. Does the applicant have a deep fat fryer with a high limit temperature switch? **Yes** **No**
5. Will the applicant's equipment be used and/or rented to others who are not the named insured? **Yes** **No**
6. Does the operation(s) include extraction of cannabis oils or the manufacture of any concentrates? **Yes** **No**
 a. If yes, what extraction or manufacturing method is used: _____
 b. If an extraction method utilizes pressurized or flammable materials, is the production equipment or system certified for this use? **Yes** **No**

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Additional Insured For This Location (check one)

☐ Landlord ☐ Lessor ☐ Loss Payee ☐ Govt Agency ☐ Waiver of Subrogation ☐ Primary/Non-Contributory Wording

Name: _____

Mailing Address: _____

Section 4: Property Coverage and Endorsements

Complete Section 4 for each location.

☐ Check this box if you are declining Property Coverage. Skip to Section 5 to continue application.

Location # _____

Building Coverage	\$ _____
Loss of Income per month	\$ _____
Outdoor Signs	\$ _____
Cannabis Inventory*	\$ _____
Stock**	\$ _____
Indoor Grow Equipment & Tools	\$ _____
Outdoor Grow Equipment & Tools	\$ _____
Business Personal Property	\$ _____
Tenants Improvements	\$ _____

☐ Check box if the Insured has a Triple Net Lease

Number of months to be covered: _____

What percentage is required to be refrigerated: _____%

**Cannabis Inventory: manufactured products ready for sale or products in production containing marijuana and/or its derivatives and relate accessories.*

***Stock: marijuana including buds and flowers*

Add Property Enhancement **Yes** **No**

\$15,000 in Coverage - Includes Money & Securities, Accounts Receivable, Valuable Papers and Equipment Breakdown.

Add Employee Dishonesty **Yes** **No**

☐ \$5,000 per Claim/Aggregate ☐ \$10,000 per Claim/Aggregate ☐ \$15,000 per Claim/Aggregate

Add Cargo/Transport **Yes** **No**

☐ \$2,000 per any One Loss; \$10,000 Aggregate ☐ \$5,000 per any One Loss; \$15,000 Aggregate

☐ \$15,000 per any One Loss; \$30,000 Aggregate ☐ \$20,000 per any One Loss; \$40,000 Aggregate

☐ \$25,000 per any One Loss; \$50,000 Aggregate

If this limit is requested, describe vehicle used, protections against theft and any signage displayed:

Fire and theft losses of property may be excluded if:

- Central Station Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station alarm system).
- Stock/Cannabis inventory, money & securities are outside the safe during non-business hours.
- Stock/Cannabis Inventory is outside the safe during business hours in the amount of 25% or more of the insurable value up to a maximum of \$50,000.
- The minimum safe requirements have not been met at the time of the loss.
- The safe or vault does not have a 1hr fire rating, fire will be excluded for Stock/Cannabis inventory.

Section 5: Grow/Cultivation Operations and Coverages

Complete Section 5 for each location.

☐ Check this box if there are no cultivation operations. Skip to Section 6 to continue application.

Location # _____

Grow Operations (Check all that apply at this location)

☐ Commercial ☐ Industrial ☐ Indoor ☐ Outdoor ☐ Greenhouse ☐ Other: _____

Grow Facility Questions

1. Is there a back-up system for the electrical supply? **Yes** **No**
2. Describe how plants are watered: _____
3. Does the applicant test 100% of the cannabis products grown? **Yes** **No**
 - a. If yes, who provides testing? Name: _____ Phone: _____
4. Estimated number of harvests per year: _____

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 \$	= \$
Finished Stock	#	x \$	= \$
Total Crop Value to be Insured			\$

Note: Crop Coverage is Available for Indoor and Fully Enclosed Greenhouse Growing Only.

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.

There is no electricity for my cultivation operations at this location.

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

Signature of Applicant

Title

____/____/____

Date

Section 6: Grow/Cultivation Outdoor/Greenhouse Operations

Complete Section 6 for each location.

☐ Check this box if there are no outdoor/greenhouse operations. Skip to Section 7 to continue application.

Location # _____

Grow Facility (Check all that apply at this location)

☐ Outdoor ☐ Greenhouse ☐ Other: _____

Grow Facility Questions

1. Does the property have fencing around the Grow/Cultivation area listed above? **Yes** **No**
a. 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**
a. If yes, are there signs on the property for electrified fencing? **Yes** **No**

3. Are gates at all entrances of the property? **Yes** **No**
a. 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**
a. If yes, provide details: _____

5. Provide a breakdown of crop grown by the insured (a, b and c must equal 100%):
a. What percentage is indoor grown? _____ %
b. What percentage is greenhouse grown? _____ %
c. What percentage is outdoor grown (no structure)? _____ %

Greenhouse Operations

1. Will the greenhouse be fully enclosed with locking doors? **Yes** **No**
a. If no, please provide photos and details on how you plan on securing the greenhouse.

2. Does the greenhouse have power? **Yes** **No**
a. If yes, provide details on equipment that is using electricity. _____

3. Provide details on ALL materials used to construct the greenhouse walls (i.e. Aluminum Frame, Steel Frames, Glass Windows, Canvas, Polycarbonate, Plastic Sheeting, etc.)

Outdoor Operations

1. What is the total property size? _____ Acres
2. What is the total area of the growing operations? _____ Acres

Section 7: Non-Owned Auto

☐ Check this box if you are declining Non-Owned Auto Coverage. Skip to Section 8 to continue application.

1. Does your company currently have a Commercial Business Auto Policy? **Yes** **No**
2. Why is Non-Owned Auto Liability being requested: _____
3. Do any of the vehicles used require a Commercial Driver's License? **Yes** **No**
4. How many employees do you have? _____ Independent Contractors? _____
 - a. How many of your employees/independent contractors use their personal vehicles for business purposes? _____
 - b. How Often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____
 - c. Under which circumstances do these employees/independent contractors use their personal vehicles?

 - d. Approximate combined number of Non-Owned Auto trips annually?
☐ Under 10 ☐ 10-50 ☐ 50+
5. Do you require your employees/independent contractors to carry their own insurance? **Yes** **No**
 - a. If yes, what are the minimum limits you require? _____
 - b. If no, coverage will be declined.
6. Do you require your employees/independent contractors to furnish you proof of insurance before you authorize them to use their own autos on company business? **Yes** **No**
 - a. If yes, do you receive a copy upon every renewal? **Yes** **No**
 - b. If no, coverage will be declined.
7. Do you obtain Motor Vehicle records of employees/independent contractors before you authorize them to use their own auto on company business? **Yes** **No**
 - a. How often do you update your Motor Vehicle Records? _____
 - b. If no, coverage will be declined.

All violations MUST be noted in Section 2: Claims History. Failure to disclose ALL violations will cancel/terminate coverage.

8. What is the typical radius that a non-owned auto may be driven from your place of business? _____
9. Does anyone driving for this company have a DUI/DWI or Reckless Driving Violation on their Motor Vehicle Record? If so, coverage will be declined. **Yes** **No**
10. Limits being requested: ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

I hereby warrant the above to be true and I understand the Non-Owned Auto Insurance will be considered based on my warranty. I also agree and understand that if any of the above information changes must be reported to the Insurance Company. I further agree and understand that the drivers must all maintain a valid Driver's License and Personal Auto Liability Policy at all times. Finally, I understand I cannot have anyone driving who has DUI/DWI or Reckless Driving Violations.

Signature of Applicant

Title

____/____/____
Date

Section 8: Products Liability

☐ Check this box if you are declining Products Liability.

1. List complete description of ALL products manufactured, sold or distributed by the applicant:

2. List what materials or principal components these products are composed of:

3. Do you manufacture the complete product? **Yes** **No**

a. If not, what component parts are purchased by you?

4. Is Vendors Coverage wanted? **Yes** **No**

5. Will any vendor repackage, re-label or modify your product? **Yes** **No**

a. If yes, explain:

6. List any product that has been discontinued or recalled in the past 2 years and why:

7. Is there a written products recall plan? **Yes** **No**

8. Any new products introduced in the past 2 years? **Yes** **No**

a. If yes, list products and when introduced:

9. Are any new products proposed for introduction in the next 12 months? **Yes** **No**

a. If yes, list products:

Quality Control/Loss Control

1. Are your products tested and labeled to meet government and/or industry standards? **Yes** **No**

a. If yes, list standards:

2. Is a written loss control program in effect? **Yes** **No**

3. Any written quality control procedures? **Yes** **No**

4. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:

a. Warning labels at the point of hazards? **Yes** **No**

b. Written instructions? **Yes** **No**

c. Other means? Describe:

PRODUCT CLAIMS HISTORY

1. Any claims in the past 5 years? (If yes, attach currently valued Loss Runs including details) **Yes** **No**

2. Are you aware of any incident(s) that may result in a claim not reflected in question above? **Yes** **No**

a. 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 9: Authorization

Inspection/Audits

If an Inspection or Premium Audit is required for this policy, I acknowledge that I will or an authorized representative will attend and provide any information required by the carrier. Full cooperation with the inspector during the walkthrough will be provided. I understand the inspector will need to take necessary photographs as part of the Inspection. Non-Compliance with an Inspection or Premium Audit may result in cancellation of your policy.

Name of Inspection Contact: _____

Inspection Contact Phone Number: _____

Email Address of Inspection Contact: _____

Name of Audit Contact: _____

Audit Contact Phone Number: _____

Email Address of Audit Contact: _____

I _____ an authorized representative of _____ understand and agree this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to the Insurance Company, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING.
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.
COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

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.

Requested Effective Date: ____/____/____

Applicant Name (Print)

Producer Name (Print)

Applicant Signature

Producer Signature

____/____/____

Date

____/____/____

Date