



Section- 1 - General Information:

Legal Business Name: _____

DBA: _____

Mailing address: _____

Main contact: _____ Phone number: _____

TYPE: Corporation Partnership LLC Individual Non-profit For Profit

USE: Recreational Medicinal Both

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

Other (describe) _____

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

If yes; who? CCSE NTACH Other: _____

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

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

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

Section 2 - Claims History:

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

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

2. Do you currently have insurance coverage? Yes No

Insurer	Policy Number	Coverage Limits	Premium	Expiration Date

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

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

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

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



Section 3 - Liability and Property coverage

Complete Section 3 for each location/building

Location/BLDG #_____/____ Physical address: _____

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

What are your hours of operation: _____

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

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

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

Questions:

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

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

Liability coverage:

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

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

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

Property Coverage and Endorsements at this location:

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



Section 4 - Cultivation Operations and Coverages

Complete Section 4 for each cultivation location/building

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

Location/BLDG # ___/___ Physical Address: _____

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

Commercial Residential Industrial Other _____

Indoor Outdoor Greenhouse Other _____

Questions

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

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

3. Estimated number of harvests per year _____

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

5. Average wholesale value per pound of finished cannabis stock _____

6. Maximum per plant value based on Questions 5 and 6 _____

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

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

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

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

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

_____ Applicant Signature Date: ___/___/_____



Section 5 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 5 for each Outdoor/Greenhouse location/building

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

Location/Bldg # ____/____ Physical Address: _____

Check all that apply: Outdoor Greenhouse Other _____

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

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

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

If yes are there signs on the property Yes No

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

If yes are the gates locked at all times Yes No

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

If yes please provide details:

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

a. What percentage is indoor grown?_ _____%

b. What percentage is greenhouse grown? _____%

c. What percentage is outdoor grown? _____%

(A,B,C must total 100%)

Greenhouse Operations:

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

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

2. Does the greenhouse have power? Yes No

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

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

Outdoor Operations:

1. What is the total property size _____ Acres

2. What is the total area of the growing operations _____Acres



Section 6 – Products Liability

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

Manufactured Products

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

Quality Control/ Loss Control

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

CLAIMS HISTORY

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

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

Signature of Applicant	Title	Date
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Section 7 – ADDITIONAL INSURED

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

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

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

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

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

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

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

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

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

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

Location/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

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

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

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

