

# CANNABIS APPLICATION

## Section 1: General Information

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type:     Corporation     Partnership     LLC     Individual

Operations: List ALL Business Operations:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cultivation                  | <input type="checkbox"/> Processing/Packaging (Non-Extraction)   | <input type="checkbox"/> Delivery to End User (For Consumption) |
| <input type="checkbox"/> Lab Testing                  | <input type="checkbox"/> Manufacturing of Items (Non-Extraction) | <input type="checkbox"/> Distribution to Other Businesses       |
| <input type="checkbox"/> Extraction                   | <input type="checkbox"/> Adult Use Retail Store Sales            | <input type="checkbox"/> Medicinal Use Retail Store Sales       |
| <input type="checkbox"/> Distilling/Refining          | <input type="checkbox"/> White Labeling of Products for Others   | <input type="checkbox"/> CBD/Hemp Retail Store Sales            |
| <input type="checkbox"/> Consulting (Describe): _____ |  | <input type="checkbox"/> Other: _____                           |

Is your business involved with any of the following?     Cannabis derived CBD     Industrial Hemp derived CBD

Total Gross Sales for the LAST 12 Months: \$ \_\_\_\_\_    **OR**     New Venture – No Prior Gross Receipts

Total Gross Sales for the NEXT 12 Months: \$ \_\_\_\_\_    If online sales, what percentage does this make up: \_\_\_\_\_ %

<u>Type of License (s) that you hold:</u>	<u>License Number</u>

If Not Licensed: When do you expect to be OR Explain why it is not necessary?

Are you a member of any cannabis/marijuana/ hemp trade association?     CCSE     NORML     NCIA     CCIA    : \_\_\_\_\_

If selling to the public:

- a. Is onsite consumption allowed?  Yes     No
- b. Do you verify age at time of sale in person, online and/or upon delivery?  Yes     No
- c. Medicinal Sales only: Do you keep records of physician’s recommendation letter or state issued medical card?  Yes     No

Do you maintain written/electronic records of all cannabis, cannabis containing products, CBD and/or Hemp inventory and subsequent sale including the purchase date, type of product and purchase price?  Yes     No

Do you have a 3<sup>rd</sup> party security guard firm?  Yes     No

- a. If yes, do they carry their own insurance including Assault and Battery with liability limits equal to or greater than your insurance and name you as an Additional Insured?  Yes     No
- b. If armed, do they comply with all state and local laws?  Yes     No

Do you want coverage for General Liability?  Yes     No

Do you want coverage for Stop Gap? (only available in WA, WY, OH, ND)  Yes     No

Do you want coverage for Employee Benefits Liability?  Yes     No

# CANNABIS APPLICATION

## Section 2a: Location Information (Complete Section 2a for EACH location/building/structure)

Location/BLDG #: \_\_\_\_\_ / \_\_\_\_\_ How many Buildings/Structures at this Location: \_\_\_\_\_

**\*If Multiple buildings at same location, provide diagram labeling each building**

Physical Address: \_\_\_\_\_

Is this location fully Open & Operational?  Yes  No If yes, what are the hours of operation? \_\_\_\_\_

If no, when is it expected to be open and fully operational: \_\_\_\_\_

What are all operations at this location: \_\_\_\_\_

Gross sales associated with this location: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_ **If the building is over 20 years old, provide the YEAR the following were updated**

Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_ Sprinklers:  Yes  No

Construction Type (Frame, Masonry, Glass etc): \_\_\_\_\_ Number of Stories: \_\_\_\_\_

What year was the roof last updated: \_\_\_\_\_ What year was the roof last fully replaced: \_\_\_\_\_

Roofing Material (Tile, Metal, Wood Shingle, Etc): \_\_\_\_\_

Is the location currently under renovations and/or are renovations planned in the next year?  Yes  No

If Yes, please describe: \_\_\_\_\_

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

**\*All Residential Owner occupied facilities will require proof of Separate Coverage**

### Questions:

1. Are all windows and doors connected to an active Central Station Burglar Alarm System?  Yes  No

2. Do motion detectors cover all entrances and areas within the building?  Yes  No

If No, please explain: \_\_\_\_\_

3. Does this location have a Safe?  Yes  No Weight: \_\_\_\_\_ Bolted to the ground:  Yes  No

4. Do you use a vault, security cages, &/or metal shipping container to secure cannabis finished stock?  Yes  No

5. Do you use a vault, security cages, &/or metal shipping container to secure harvested cannabis material?  Yes  No

**Requirements for Vault, Security Cages, and/or Metal Shipping Containers as are follow**

- o **Vault Rooms:** steel lined walls; a concrete floor; steel lined door; central station alarm connected to the doors; motion sensors on the interior of the vault room; the vault room must have one hour or greater fire rating or be 100% sprinklered; and the vault room must be windowless
- o **Metal Shipping Container:** the container doors and walls have a fire rating of one or greater; the container weighs more than 800 lbs.; the container, if it weighs less than 2,000 lbs., is bolted to the ground; and the container is windowless
- o **Security Cages:** the cage is completely enclosed; the cage is bolted to the floor; all bolts or fasteners are welded to the cage; the cage door is secured by multiple locks; and finished stock must be stored in locked cases or cabinets within the cage (this would include locked refrigerators for perishable cannabis inventory)

6. Is your vault, security cages, and/or metal shipping container in compliance with the above requirements?  Yes  No

7. Does this location have controlled access in place via security personnel at the door, buzz in system, double entrance, etc.  Yes  No

8. Does this location have security cameras? Interior?  Yes  No Exterior?  Yes  No

**ADDITIONAL INSURED:** *If more than 1 Additional Insured, provide ALL on separate sheet of paper*

Landlord  Lessor of Leased Equipment  Governmental Agency  Waiver of Subrogation

Primary/ Non Contributory Wording  Other: \_\_\_\_\_

Name and Mailing Address: \_\_\_\_\_

# CANNABIS APPLICATION

## Section 2b: Property Coverage Information

Declining Property Coverage and Skip Section 2b

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

### Property Coverage and Endorsements at this Location

Building Coverage: \$ \_\_\_\_\_  
 Tenant Improvements: \$ \_\_\_\_\_  
 Business Personal Property  
 incl. non-cannabis finished  
 stock: \$ \_\_\_\_\_  
 Outdoor Signs: \$ \_\_\_\_\_  
 Loss of Business Income: Per Month: \_\_\_\_\_  
 Cannabis Finished Stock\*: \$ \_\_\_\_\_  
 Finished CBD Stock\*\*\*: \$ \_\_\_\_\_  
 Harvested Cannabis Material \*\*: \$ \_\_\_\_\_

**Check all that apply to this building:**

- We are the Owner of the building.
- We have a Triple Net Lease that requires we insure the building.
- This is a modular/pre-fabricated building.

Number of Months to be covered: \_\_\_\_\_

What % is required to be refrigerated/frozen? \_\_\_\_\_ %

Loss Payee For this Location:  Yes  No  Mortgage  Loan/Leased Equipment

Name and Address: \_\_\_\_\_

**\*Cannabis Finished Stock** means finished marijuana stock and products containing marijuana and/or its derivatives. "Finished Stock" does not include harvested cannabis material that is being dried or product that has not yet been incorporated into a final product ready for retail sale.

**\*\*Harvested Cannabis Material:** means mature marijuana plant material no longer in the growing medium, which is in the process of being dried or which includes any raw materials or products that is not yet "finished stock". Harvested Cannabis material is limited to damage by Fire, Explosion, Theft and Vandalism. This includes Harvested CBD/Hemp Material.

**\*\*\* Finished CBD Stock:** Finished cannabis stock and products containing cannabis and/or its derivatives with a Tetrahydrocannabinol (THC) concentration less than or equal to 0.3%

### Optional Coverages

1. **Property Extension: If Yes, indicate Limit.** Includes: *Money & Securities, Accounts Receivable, Valuable Papers, Employee Dishonesty, Property of Others, Fences, Radio/TV Antennas, Satellite Dishes and Spoilage*  Yes  No  
 \$10,000     \$25,000     \$50,000
2. **Owned Property Off Premise (Excluding Crop) moving between scheduled locations?**  Yes  No  
 \$2,500 Per any one loss; \$5,000 Aggregate     \$5,000 Per any one loss; \$10,000 Aggregate  
 \$10,000 Per any one loss; \$25,000 Aggregate     \$25,000 Per any one loss; \$50,000 Aggregate
3. **Ordinance or Law: (Only available if building is less than 45 years old)**  Yes  No  
 Coverage A: Coverage for loss of the undamaged portion of the building    Limit: Provided Based on Building Limit Shown Above  
 Coverage B: Demolition Cost    Limit: \$ \_\_\_\_\_  
 Coverage C: Increased Cost of Construction    Limit: \$ \_\_\_\_\_
4. **Do you want coverage for Contingent Business Income at a \$10K Limit?**  Yes  No

**Theft Losses of property may be excluded or limited by the following:**

- a. If Central Station Burglar Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station burglar alarm system and motion detectors must be present in all areas).
- b. Perishable cannabis inventory not properly secured limited to \$50K maximum
- c. Minimum safe/vault requirements and/or alarm warranty have not been met at the time of the loss

# CANNABIS APPLICATION

## Section 2c: Indoor Crop

Declining Crop Coverage and Skip Section 2c

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

### Indoor Crop Total Limit Per Loss at this location

Living Plant Material \$: \_\_\_\_\_

Harvested Cannabis Material: *If Coverage is selected under 2b, then you are ineligible for this coverage* \$: \_\_\_\_\_

Coverage is restricted to an aggregate limit equal to the each occurrence limit. Are you interested in purchasing aggregate limit of twice the occurrence limit?  Yes  No

**Living Plant Material** means marijuana seeds, immature marijuana seedlings, marijuana plants in the vegetative growth state and mature flowering marijuana plants rooted in growing medium.

**Harvested Cannabis Material** means marijuana plant material no longer in the growing medium, which is in the process of being dried or which includes any raw materials or product that is not yet Finished Stock.

Named Peril Coverage Applies as Follow: Fire, Lighting, Explosion, Windstorm/Hail, Smoke, Aircraft, Riot/Civil Commotion,

### Warranty on Crop Coverage:

- Named Peril Coverage Applies as Follow: Fire, Lighting, Explosion, Windstorm/Hail, Smoke, Aircraft, Riot/Civil Commotion, Vandalism, Sprinkler Leakage, Sinkhole Collapse, Volcanic Action, Falling Objects, Water Damage, Theft.
- Theft Coverage is subject to an activate and operational Central Station Burglar Alarm and motion detectors. If no alarm/motion detectors, theft coverage will not apply
- All openings of the building(s) shall be protected by an activated and operational Central Station Burglar Alarm. In addition, motion detectors shall cover all areas within the building(s).
- The alarm and motion detectors must be armed whenever the building(s) are not open for business or when the building(s) are unoccupied.

## Section 3: Inland Marine Coverage

Declining Inland Marine Coverage and Skip Section 3

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

### 1. Contractors Equipment: *(Fork Lift, Tractor, Outdoor Grow Equipment, etc.)*

**Item List:** *If more than 3 items, please list on separate sheet*

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

### 2. Mobile Scheduled Property: *(mobile testing equipment, hand trucks, etc.)*

**Item List:** *If more than 3 items, please list on separate sheet*

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

Total Value: \$ \_\_\_\_\_ Description of item including serial # (if applicable): \_\_\_\_\_

### 3. Property In Transit (Owned Goods) This would include property being delivered to consumers.

Property in Transit including Finished Stock, Finished CBD Stock, & Harvested Cannabis Material: \$: \_\_\_\_\_

Cash in Transit: \$: \_\_\_\_\_

### 4. Bailees Coverage: *(Care, Custody and Control of Property of Others)*

Property in Transit including Finished Stock, Finished CBD Stock, & Harvested Cannabis Material: \$: \_\_\_\_\_

Cash in Transit: \$: \_\_\_\_\_

Property at insured's premises: \$: \_\_\_\_\_

### Warranty on Inland Marine Coverage:

- Theft is excluded if vehicle unattended
- Finished stock must be stored in an approved safe/vault when not in a vehicle
- Any transportation must be done in unassuming vehicle
- If transporting over \$25K in value, there must be 2 people in the vehicle

# CANNABIS APPLICATION

## Section 4: Cultivation Operations Coverage

No Cultivation Operations and Skip Section 4

(Complete Section 4 for EACH cultivation location/building/structure)

Location/BLDG #: \_\_\_\_\_ / \_\_\_\_\_ How many buildings/structures at this location: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Grow Operations:  Indoor  Outdoor  Greenhouse

### For Indoor Grow:

1. Type of Lighting:  LED only  All other (including LED with other bulb types)
2. Non-LED: Provide manufacturer of Lighting Systems: \_\_\_\_\_  
Provide brand, type, and wattage of Bulbs: \_\_\_\_\_  
Example: Sylvania, High Pressure Sodium, 150W
3. Do you follow the instructions from the manufacturer for all lighting equipment used?  Yes  No
4. How often do you replace bulbs?  70% of expected life  80% of expected life  When they burn out
5. When replacing bulbs/lamps, do you verify they are appropriate for the light fixture?  Yes  No
6. When lights are on continuously for more than 1 week, do you have a monitored quality check  N/A  Yes  No  
in place? (ie: Shut lights off for 15 minutes and monitor for defective bulbs when powering back on)
7. Are all water pipes, water sources, and combustibles at least 5 ft away from all lighting equipment?  Yes  No
8. Security in all rooms used for cultivation includes (mark all that apply):  
 Motion Detectors  24 Hour Live Monitored CC TV System  Other: \_\_\_\_\_

### For Outdoor Grow:

1. Does the property have fencing around the Grow/Cultivation area listed above?  Yes  No
2. Is there any barbwire, razor wire or electrical fencing used for security on property?  Yes  No
  - a. If Yes, are there signs on the property warning of danger/injury?  Yes  No
3. Are gates at all entrances of the property and locked when not in use?  Yes  No
4. Total property size: \_\_\_\_\_ ACRES Grow Operations: \_\_\_\_\_ ACRES

### For Greenhouse Operations:

1. Will the greenhouse be fully enclosed with locking doors?  Yes  No
2. Does the greenhouse have power?  Yes  No
3. Does the greenhouse have grow lighting? (If yes, must complete the lighting questions above.)  Yes  No
4. Greenhouse Construction (Mark ALL that apply):  Metal/Wood Siding  Metal Roof  Plastic Sheeting  
 Solid Plastic/Polycarbonate Siding  Solid Plastic/Polycarbonate Roof  Retractable Roof/Sides  
 Windows that open  Hoop House  Other: \_\_\_\_\_

### ALL Cultivation Operations Are Required to Warrant One of the Following:

- All electrical work has been completed and was performed by a licensed and insured contractor. For any future work needed, we will use a licensed and insured contractor.
- We are not ready to start electrical work yet, but when we are all electrical work will be completed and performed by a licensed and insured contractor.
- No electrical changes were made by us, but we have, or will have, within 30 days of the insurance effective date, all the wiring at the cultivation facility inspected by a licensed and insured contractor.
- There is no electricity for the cultivation operations at this location.

We warrant the above to be true and understand that the insurance contract will be considered based on this warranty:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CANNABIS APPLICATION

## Section 5 : Bakeries/Manufacturing/Extraction

NONE of these Operations and Skip Section 5

- List complete description of ALL products manufactured, baked or produced by you:  Budder/Shatter  Tinctures  
 E-Liquids/Vape Cartridges  Concentrates/ Oils  Edibles: \_\_\_\_\_  Other: \_\_\_\_\_
- What non cannabis materials are included in the above: \_\_\_\_\_
- Are any new Products proposed in the next 12 months?  Yes  No  
a. If Yes, list products (s): \_\_\_\_\_
- Are all products tested and labeled to meet government and/or industry standards?  Yes  No
- Is there an Emergency Evacuation Procedure in place and employees are properly trained?  Yes  No

### Edible Section:

- Are any of the following cooking types present?  
 Grilling  Open – Broiling  Deep-fat Frying  Roasting  Barbecuing  Solid Fuel Cooking  
If Yes, is there an Automatic Fire Extinguishing/Ansul System in place with a minimum 6-month maintenance/cleaning contract? **\*This will be warranted on the policy\***  Yes  No
- Are all Food Service and Safety Certificates in place and current?  Yes  No
- Are there any catering operations?  Yes  No
- Is your kitchen rented or leased to others?  Yes  No
- If a bakery, is their seating for the general public?  Yes  No

### Extraction Section:

- What extraction method do you use:  Alcohol/Ethanol  Co2  Ice Water/Rosen Press  Butane  
 Other: \_\_\_\_\_
- Do you use a closed loop system?  Yes  No
- Are all employees that use extraction equipment thoroughly trained?  Yes  No
- Are Standard Operating Procedures in place for operation of all extraction equipment?  Yes  No
- Is all extraction equipment under a routine maintenance program?  Yes  No
- Are extraction operations conducted in a dedicated room?  Yes  No
- Is all equipment used according to manufacturer specifications?  Yes  No
- Have you made any modifications to the equipment beyond what the manufacturer intended?  Yes  No
- Is a ventilation system in place within the extraction area?  Yes  No
- Is there a gas detection system installed in the extraction area?  N/A  Yes  No

### Questions for Hydrocarbon/ Flammable Solvents:

- Is the lab or extraction area sprinklered, or does it have a form of fire suppression system installed?  Yes  No
- Is extraction equipment in a room with any equipment that could cause a spark? (water heaters, area heaters, stoves, furnaces, cell phones, hand tools)  Yes  No
- Are all flammable liquids stored in a UL approved container?  Yes  No

### Questions for CO2 Extraction:

- Are CO2 compressed gas cylinders secured to a fixed object to prevent falling?  Yes  No
- Are pressure relief devices and blow-off valves piped to exterior of building?  Yes  No
- Is the extraction equipment installed with adequate clear space from any combustible materials?  Yes  No

# CANNABIS APPLICATION

## **Section 6: Delivery/Distributors/Any Transportation Operations** NONE of these operations and Skip Section 6

1. Do you transport in an unassuming vehicle?  Yes  No
2. Do you have a policy to collect all identity cards and company uniforms (if applicable) from employees who leave employment?  Yes  No
3. Do you utilize GPS Tracking devices in all vehicles used for transportation purposes?  Yes  No
4. Do you provide transportation services across state lines?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Do at least two employees travel in the vehicle transporting Finished Stock, Finished CBD Stock, Harvested Cannabis Material, or Cash?  Yes  No
6. Does one employee remain in the vehicle at all times?  Yes  No
7. Do you currently have a Commercial Business Auto Policy?  Yes  No

A. If Yes, provide name of carrier and limits: \_\_\_\_\_

B. If No, please explain: \_\_\_\_\_

8. (Distribution Only): Do you advise all customers in writing as soon as reasonably possible of change in delivery staff?  Yes  No

## **Section 7: Non Owned/Hired Auto:** Declining Non Owned Auto and Skip Section 7

*Ineligible for Delivery/Distributors/Any Transportation*

1. Do you wish to have coverage for Non-Owned Auto?  Yes  No
2. Do you wish to have coverage for Hired Auto?  Yes  No
3. Does the company currently have a Commercial Business Auto Policy?  Yes  No
4. Why is Non-Owned and/or Hired Auto Liability being requested? \_\_\_\_\_
5. Do any of the vehicles used require a Commercial Driver's License?  Yes  No

6. How many employees are there: \_\_\_\_\_ Independent Contractors: \_\_\_\_\_

A. How many of the 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+

E. Approximate combined number of Hired Auto Trips annually?  1-5  6-10  11+

7. Does the Applicant require their 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.

8. Does the Applicant require their employees / independent contractors to furnish proof of insurance before authorizing 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

**ALL violations MUST be noted on Claims History Section. Failure to disclose ALL violations will Cancel/ Terminate Coverage.**

9. What is the typical radius that a non-owned auto may be driven from the Applicants place of business? \_\_\_\_\_

10. 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

11. Limits requested:  \$250,000  \$500,000  \$1,000,000

I hereby warrant the above to be true and I understand the Non-Owned and/or Hired Auto Insurance will be considered based on my warranty. I also agree and understand that 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 a DUI/DWI or Reckless Driving Violations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# CANNABIS APPLICATION

## Section 8: Claims Made Products Liability Section

Not Desired and Skip Section 8

*\*Only available for Cultivation or Sale to End User and Limits of \$100K/\$300K*

- List complete description of ALL products manufactured, baked or produced by the applicant:  Concentrates/Oils  
 Tinctures  Cannabis Vape Cartridges  Cannabis Vape Pens and Accessories  Edibles  Herbs/ Flowers  
 Other: \_\_\_\_\_
- What is the highest concentration (%) and dosage (mg) in their product of active cannabinoids per service contained in your strongest product: \_\_\_\_\_
- If you distribute cannabis oils or concentrates with concentrations greater than 70% or dosages per services greater than 50mg, are these products only distributed to patients who have a physician recommendation for high dosage products or documented tolerances built up over time?  Yes  No  
If No, please explain how you control access to these high dose/concentration products: \_\_\_\_\_
- Do you use a third party lab to test products containing cannabis for ALL of the following: Products are not contaminated with Pesticides, Bacteria, Mold/Fungus, Mycotoxins, Heavy Metals, Residual Solvents; Cannabinoid profiles (e.g THCA, delta8-THC, CBDA, CBD, CBG, CBD etc.); Cannabinoid dosage per service (milligrams per service for each cannabinoid); Terpene profiles?  Yes  No  
If No, how do you ensure product purity? \_\_\_\_\_
- Is cannabis or any products containing cannabis ever released into the stream of commerce (i.e. to dispensaries, 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 from the third party testing laboratory?  Yes  No

### Additional Information required to complete section

- A copy of your active state license to grow, process, or dispense cannabis or hemp derived products (required for all product liability applicants)
- Full product list

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. 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 agree to cooperate in the review of claims and incidents which apply to the coverage requested.

The coverage applied for is solely as stated in the policy. This policy would be issued on a "CLAIMS MADE AND REPORTED" basis, so 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. 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.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CANNABIS APPLICATION

**Section 9: 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 or related parties ever been declined, cancelled or non – renewed?  Yes  No

If Yes, please explain: \_\_\_\_\_

2. Do you currently have Insurance Coverage?  Yes  No

<u>Insurer</u>	<u>Type of Policy</u>	<u>Coverage Limits</u>	<u>Premium</u>	<u>Exp. Date</u>
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3. Has the Applicant had any prior Liability and/ or Property Claims in the past 5 years, whether or not insured? ***Need to disclose even if not reported to your insurance carrier***  Yes  No

If Yes, please provide details on separate sheet of paper

4. Have any applicant or related parties ever been convicted of a Felony and/or DUI act in the last 10 years?  Yes  No

If yes, provide the name of the person(s) who was convicted or committed the violation(s) is: \_\_\_\_\_

5. Is applicant in compliance with all local & state laws regarding the growth, manufacturing, processing, control, and/or sales of Cannabis, Hemp and/or CBD?  Yes  No

6. Has any applicant or principal filed for Bankruptcy in the last 5 years?  Yes  No

If Yes, which type?  7    11    13

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 walk through 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 (Inspection): \_\_\_\_\_

Name of Retail Insurance Agent: \_\_\_\_\_

Retail Agent Phone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

Name of Audit Contact: \_\_\_\_\_

Audit Contact Phone Number: \_\_\_\_\_

Email Address (Audit): \_\_\_\_\_

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.

I hereby certify and confirm, on behalf of all applicants and entities to be insured that we are not involved in any of the following, and control measures are in place to prevent all of the following:

- 1) Revenue from the sale of cannabis going to criminal enterprises, gangs, and cartels
- 2) Diversion of cannabis from states where medicinal and/or recreational use of cannabis products is legal under state law to states where cannabis is not legal under state law
- 3) The use of state-authorized cannabis activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity
- 4) Promotion of and/or allowance of drugged driving or other possibly adverse public health consequences associated with cannabis use
- 5) Cultivation of cannabis, purchase of cannabis grown, and/or possession/use of cannabis on public lands and/or federal property

**THIS APPLICATION MUST BE SIGNED BY APPLICANT NO MORE THAN 30 DAYS PRIOR TO THE REQUESTED EFFECTIVE DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Requested Effective Date**

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (“TRIA”) under the revised Act cited as Terrorism Risk Insurance Program Reauthorization and Extension Act of 2007 (TRIPRA), that you have a right to purchase insurance coverage for losses arising out acts of terrorism, *as defined in Section 102(1) of the act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for “acts of terrorism” shall expire at 12:00 midnight December 31, 2020, the date on which the TRIPRA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

**YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHANGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.**

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
**Policyholder/Applicant’s Signature**

Canopus US Insurance, Inc  
**Insurer**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Date**