



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

CANNABIS – MARIJUANA/THC SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

I. GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	Retroactive Date:

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Five year currently valued loss runs
- b) Expiring declarations page (if Claims Made coverage is in-force)
- c) Complete, detailed products and ingredients list or menu as applicable (if a website is unavailable)
- d) Details of any government action against insured

3)

Mailing address:

Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Please check what operations the insured is engaging in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Recreational Marijuana Growing | <input type="checkbox"/> Patient Care/Physicians on Staff | <input type="checkbox"/> Recreational Marijuana Processing |
| <input type="checkbox"/> Medical Marijuana Growing | <input type="checkbox"/> Product Delivery (patients) | <input type="checkbox"/> Medical Marijuana Processing |
| <input type="checkbox"/> Recreational Marijuana Retailing | <input type="checkbox"/> Product Delivery (wholesale) | <input type="checkbox"/> Marijuana Laboratory Testing |
| <input type="checkbox"/> Medical Marijuana Dispensing | <input type="checkbox"/> Wholesale Distribution of Marijuana | |
| <input type="checkbox"/> Other (please describe): _____ | | |

5)

Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____



6) Please complete the below table regarding your sales:

Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:

II. PREMISES INFORMATION *(duplicate this page as necessary)*

7) Location # _____:

a. Address: _____

City: _____ State: _____ Zip Code: _____

Operations at Location: _____

Growing is done: Indoors Outdoors (open) Outdoors (greenhouse) N/A

b. Are any construction operations or building renovations planned during the upcoming policy period? Yes No

c. Are there any dwellings on this premise? Yes No

d. Please indicate which premise security measures are in place:

- Interior Cameras Door Greeter/ID Checker Safe/Vault
- Exterior Cameras Armed Guards Guard Dogs
- Double Entrance/Man Trap Unarmed Guards Gated/Barred Windows and Doors
- Centrally Monitored Alarms Motion Sensors Vision Obscured Fencing (8' or higher)

e. Are security guards contracted (you must be listed as an additional insured if so)? Yes No

f. Are dogs handled by trained personnel? Yes No
Breed? _____

g. Are there any firearms on the premise? Yes No

h. If growing is done at your location, please describe grow method: _____

i. If extraction is done at your location, please provide a complete description of your method. Include details regarding solvents, open or closed loop, and fire suppression in place: _____

j. If extraction involved butane or propane, are you in compliance with all state and local regulations regarding gas storage and explosion containment? Yes No

III. ADDITIONAL INFORMATION

8) What independent 3rd party testing is done on products? Please list testing company. _____

9) Have you ever had a product recall? Yes No



If yes, please attach details.

- 10) Are there any present situations that might give rise to an incident causing a product recall? Yes No
If yes, please clarify: _____

- 11) Have you had any Product Liability claims that were or were not covered by insurance? Yes No
If yes, please clarify: _____

- 12) Have you been cited by any regulatory agency for violations arising out of business activity involving your product? If yes, please clarify: Yes No

- 13) Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please clarify: _____

- 14) Have you declared bankruptcy in the last ten years? Yes No
If yes, please explain: _____

- 15) Do you have any discontinued products? Yes No
If yes, please explain the reasons for discontinuing: _____

- 16) Do you rent your premises? Yes No
If yes and Additional Insured landlord is required, please provide schedule here: _____

- 17) Please provide the licensing agency for your state, city, or county (as applicable): _____

- 18) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? If yes, please attach an explanation. Yes No
- 19) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.



NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.



Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

