



APU CannaBev™ Liability Application

ADDITIONAL INSURED REQUEST FORM

Note: Vendors, Trade Show Sponsors, Landlords, Mortgagees & Equipment Lessors are typically included for GL on blanket basis - please confirm on quote/policy

| Supplier | Manufacturers or brands whose products you sell or serve | Impairment Liability |
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|--|------------------------------------|
| Name: | Est. Revenues: |
| Address: | Products: attach list if needed |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary/Noncontributory <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> 30-day Notice of Cancellation | |

| | |
|--|------------------------------------|
| Name: | Est. Revenues: |
| Address: | Products: attach list if needed |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary/Noncontributory <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> 30-day Notice of Cancellation | |

| Host, Sponsor or Venue | Operators or promoters of venues or events where you sell or serve hemp Note: Trade Show sponsors are included for GL on blanket basis - see form CB 20 20 | General and/or Impairment Liability |
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|--|-----------------|
| Name: | Dates/duration: |
| Address: | Location: |
| <input type="checkbox"/> General Liability <input type="checkbox"/> Impairment Liability <input type="checkbox"/> General & Impairment Liability | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary/Noncontributory <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> 30-day Notice of Cancellation | |

| | |
|--|-----------------|
| Name: | Dates/duration: |
| Address: | Location: |
| <input type="checkbox"/> General Liability <input type="checkbox"/> Impairment Liability <input type="checkbox"/> General & Impairment Liability | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary/Noncontributory <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> 30-day Notice of Cancellation | |

| Designated Organization | Any person or organization requesting to be named as additional insured, other than the types above or blanket forms included | General and/or Impairment Liability |
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|--|---------------------------|
| Name: | AI's Relation to Insured: |
| Address: | |
| <input type="checkbox"/> General Liability <input type="checkbox"/> Impairment Liability <input type="checkbox"/> General & Impairment Liability | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Primary/Noncontributory <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> 30-day Notice of Cancellation | |