

Product List and Labels Mandatory with all submissions

Additional Information requested for most competitive terms:

- 5 years currently valued loss runs
- Copy of Manufacturing Agreement(s)
- Copy of Employee Training Program(s) and/or Service Policy

Please answer as completely as possible. Skip any questions that are not applicable or if responses are unknown. Not all questions will be relevant to all operators.

Business Information

1 Applicant Name: _____

DBA: _____

2 Description of Operations: _____

3 Website: _____

4 Mailing Address: _____

5 Location Address: _____

For multiple locations, provide Schedule of Locations with submission

6 Business Inception Date: _____

7 Date Hemp Products First Sold: _____

8 Requested Effective Date: _____

9 Current Retroactive Date: _____

10 GL Form Requested: _____

11 Limits Requested: _____

GL & Product Liability

Impairment Liability

12 Insurance Budget / Target Premium: _____

\$ _____

13 Type of Entity:

Corporation

Individual

Partnership

LLC

Joint Venture

Not for Profit

14 Do you sell, purchase, manufacture, distribute or serve any cannabis products Yes No other than hemp*?

Cannabis products other than hemp as defined by federal and state law are ineligible for coverage

15 **Gross Revenues**

Total

Hemp Products

Estimated – Next 12 Months	\$ _____	\$ _____
Prior 12 months	\$ _____	\$ _____
1 st Prior Year	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____

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16 Estimated Revenue by Channel: (please provide dollar figure or percent)

Retail – Brick & Mortar	\$ _____ / _____ %
Online Retail	\$ _____ / _____ %
Consumption at insured premises or events	\$ _____ / _____ %
Wholesale – for on-premises consumption	\$ _____ / _____ %
Wholesale - all other	\$ _____ / _____ %

17 Maximum THC potency of all products you manufacture, sell, distribute or serve:

	per serving	per container
Beverage – Ready to Drink	mg	mg
Beverage – Ready to Mix	mg	mg
Tinctures	mg	mg
Edibles	mg	mg
Other - Describe:	mg	mg

18 Estimated Percentage of Total Sales derived from products with **THC per serving** of:

3 mg or less	3.1 mg–5 mg	5.1 mg – 10 mg	10.1 mg – 20 mg	20.1 mg – 50 mg	Greater than 50 mg
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

Your Products and Operations

19 Do you sell any products under your own brands or labels? Yes No

If yes, provide copies of all labels

a Have your labels been reviewed by legal counsel? Yes No

20 Do your products contain any of the following? (check all that apply)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Caffeine
<input type="checkbox"/> Functional Mushrooms	<input type="checkbox"/> Dietary Supplements

21 Type of Beverage Container (check all that apply - hemp products only)

<input type="checkbox"/> Aluminum cans	<input type="checkbox"/> Plastic Bottles
<input type="checkbox"/> Glass Bottles	<input type="checkbox"/> Kegs
<input type="checkbox"/> Powdered Drink Mix	<input type="checkbox"/> Liquid Drink Mix
<input type="checkbox"/> Other - Describe: _____	

22 Cannabinoids are sourced from: (check all that apply)

<input type="checkbox"/> Mother Oil / Refined Hemp Oil	<input type="checkbox"/> Precision Fermentation
<input type="checkbox"/> Converted or Synthesized Cannabinoids	<input type="checkbox"/> Unknown

23 Do multiple serving containers include clear dosing instructions? Yes No n/a

24 Do your labels, website or advertising make any health claims about your products? Yes No

25 Have you ever made health claims about your products on social media? Yes No

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26 Do any products contain intoxicating cannabinoids other than delta-9 THC? Yes No
including but not limited to THCV, delta-8 THC, delta-10 THC, HHC, THCO, THCP

27 Do all products contain 0.3% or less delta-9 THC on dry-weight basis? Yes No

28 Do you sell your products to bars, restaurants or venues for on-premise consumption? Yes No

29 Do you manufacture, distribute or sell any vaporizer, flower, or other smokeable or inhalable products? Yes No

a Percent of Gross Revenues: _____ %

30 Do you sell any products not containing hemp? Yes No

a Describe: _____

31 Do you perform any business operations at a residence? Yes No

a Describe: _____

Sales Records and Recalls

32 Do you keep records of sales including date and purchaser? Yes No

33 Do you have procedures in place for recording and reporting Adverse Events? Yes No

34 Do you have a written Product Recall procedure? Yes No

35 Have you ever recalled any products? Yes No

Provide full details including preventative action taken as a result

Online Retail - Direct to Consumer

n/a

36 Do you sell products Direct to Consumer from your website? Yes No
If no, skip this section

37 Do you utilize a third-party age verification service? Yes No

38 Do you require ID verification at delivery? Yes No

39 Do you have controls in place to ensure products are not shipped to jurisdictions where prohibited by law? Yes No

Service & Events

40 Do you serve THC products for on-premise consumption, including samples? Yes No

41 Do you ever host Special Events (concerts, promoted entertainment, etc.)? Yes No

42 Do you ever serve hemp products for consumption at premises other than the insured location? Yes No

If yes to any of the above, please complete Impairment Supplemental

Product Testing

43 Are your products tested by independent third-party labs? Yes No

44 Do you test samples from all production batches? Yes No

45 Do you publish all Certificates of Analysis on your website? Yes No

46 Do you perform full-panel testing on cannabis emulsions/ingredients? Yes No

47 How long are Certificates of Analysis retained? _____

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Products & Ingredients Manufactured by Others

49 Are any of your finished products manufactured by others? Yes No

a Provide complete list of manufacturers and addresses:

50 Are all manufacturers and ingredient suppliers cGMP certified? Yes No

51 Do you utilize written contracts requiring your suppliers and/or manufacturers to carry Product Liability insurance? Yes No

a Limits Required:

Provide a copy of manufacturing agreement

52 Have you utilized a Process Authority for all formulations? Yes No

53 Do you require manufacturers to comply with Process Authority Letters? Yes No n/a

Background

54 Is the Named Insured owned by, controlled by, commonly owned, affiliated or associated with any other organization? Yes No

If yes, provide details including organization structure, operations, and ownership details.

55 Has the Named Insured acquired any companies or operations in the past 5 years? Yes No

If yes, provide details

56 Have you, any owners or business partners declared bankruptcy in the last 5 years? Yes No

If yes, provide details

Regulatory & Claims History

57 Are you licensed or registered with any state regulatory bodies to manufacture, sell, distribute or serve hemp products? Yes No

58 Describe current legal representation:

Inside/employed Attorney
 None

Retained Outside Counsel
 Other - Describe: _____

59 Have you ever been assessed a fine for violation of a law or ordinance related to illegal activities or the sale of alcohol or hemp products? Yes No

If yes, provide details and steps taken since the violation to prevent any future violations

60 Have your liquor or hemp licenses ever been suspended or revoked? Yes No

If yes, provide details

61 Are you aware of any General, Product Liability, Liquor or Impairment-related claims or incidents that may give rise to a claim within the past five years, including those not covered by insurance? Yes No

If yes, provide details

62 Are you aware of any Adverse Events reported involving your products? Yes No

If yes, provide details

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Fraud Warning and Signature

WARNING - 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.

By signing this application, the applicant warrants that all statements made in this application and supporting documentation are true and complete, and that no material facts have been misstated or concealed. It is understood & agreed that this form becomes a part of the policy & that underwriters hereon shall rely upon the information to determine the acceptability, rates & coverage.

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 hereof.

It is further understood & agreed that the applicant and/or affiliated company is under a continuing obligation to immediately notify the underwriters through the insurance agent/broker of any material alteration to the information given.

Completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. The applicant's acceptance of the Company's proposal is required before the applicant may be bound and a policy issued.

Applicant Signature

Date Signed

Printed Name

Title