

**\*Product List Mandatory with all submissions\***

**Additional Information requested for most competitive terms:**

- 5 years currently valued loss runs

## 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: \_\_\_\_\_  

	<b>GL &amp; Product Liability</b>
	<b>Impairment Liability</b>
- 12 Insurance Budget / Target Premium: \$ \_\_\_\_\_
- 13 Type of Entity:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Not for Profit
- 14 Do you sell, purchase, manufacture, distribute or serve any cannabis products other than hemp\*? ☐ Yes ☐ No

**\*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 <sup>st</sup> Prior Year	\$ _____	\$ _____
2 <sup>nd</sup> Prior Year	\$ _____	\$ _____

16 Maximum THC potency of all products you sell or distribute:	per serving	per container
	_____mg	_____mg

## Your Products and Operations

- 17 Do you sell any products under your own brands or labels? ☐ Yes ☐ No
- 18 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 |
- 26 Have you ever made health claims about your products on social media or in your advertising? ☐ Yes ☐ No
- 20 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*
- 21 Do all products contain 0.3% or less delta-9 THC on dry-weight basis? ☐ Yes ☐ No
- 22 Do you sell your products to bars, restaurants or venues for on-premise consumption? ☐ Yes ☐ No
- 23 Do you sell any vaporizer, flower, or other smokeable or inhalable products? ☐ Yes ☐ No  
a Percent of Gross Revenues: \_\_\_\_\_ %
- 24 Do you sell any products not containing hemp? ☐ Yes ☐ No  
a Describe: \_\_\_\_\_

## Sales Records and Recalls

- 25 Do you keep records of sales including date and purchaser? ☐ Yes ☐ No
- 26 Do you have procedures in place for recording and reporting Adverse Events? ☐ Yes ☐ No
- 27 Do you have a written Product Recall procedure? ☐ Yes ☐ No

## Product Samples

☐ n/a

- 29 Do you offer samples of THC products? ☐ Yes ☐ No
- 30 For events and venues not limited to 21+ customers, are IDs checked prior to offering samples? ☐ Yes ☐ No
- 31 What is the maximum serving size of sample offered? \_\_\_\_\_

## Service & Events

- 50 Do you ever serve THC products for on-premise consumption? ☐ Yes ☐ No
- 32 Do you ever host Special Events (concerts, promoted entertainment, etc.)? ☐ Yes ☐ No

***If yes to either of the above, please complete Impairment Supplemental***

## Exports & Imports

☐ n/a

- 33 Do you sell any products outside of the USA? ☐ Yes ☐ No
- 34 Do any of your products or ingredients originate from outside of the USA? ☐ Yes ☐ No

## Background

- 36 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.*

**Amwins Program Underwriters**

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

*If yes, provide details*

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

*If yes, provide details*

## Regulatory & Claims History

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

41 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

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

43 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*

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

## 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.

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Applicant Signature

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Date Signed

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Printed Name

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Title

**Amwins Program Underwriters**