

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: _____ **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 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

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

- 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? _____ n/a

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

- 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.

Applicant Signature

Date Signed

Printed Name

Title