

**\*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
- Photos or copy of menu for on-premise consumption
- Photos or copy of any warning signs posted, if applicable
- Copy of Liquor Liability quote or policy, if alcohol is sold

*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 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 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 – Finished Product	\$ _____ / _____ %
Wholesale – Bulk Ingredients	\$ _____ / _____ %
Private or White Labeled for other brands	\$ _____ / _____ %

**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
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

**19 Estimated Percentage of On-Premises Sales** derived from products with **THC per serving** of:

3 mg or less	3.1 mg – 5 mg	5.1 mg – 10 mg	Greater than 10 mg
_____ %	_____ %	_____ %	_____ %

**Your Products and Operations**

**20** 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

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

Alcohol

Caffeine

Functional Mushrooms

Dietary Supplements

- 22** 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: _____ |   |
- 
- 23** 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                |
- 24** Do multiple serving containers include clear dosing instructions?  Yes  No  n/a
- 25** Do your labels, website or advertising make any health claims about your products?  Yes  No
- 26** Have you ever made health claims about your products on social media?  Yes  No
- 27** 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*
- 28** Do all products contain 0.3% or less delta-9 THC on dry-weight basis?  Yes  No
- 29** Do you sell your products to bars, restaurants or venues for on-premise consumption?  Yes  No
- 30** Do you manufacture, distribute or sell any vaporizer, flower, or other smokeable or inhalable products?  Yes  No
- a Percent of Gross Revenues: \_\_\_\_\_%
- 31** Do you sell any products not containing hemp?  Yes  No
- a Describe: \_\_\_\_\_
- 32** Do you perform any business operations at a residence?  Yes  No
- a Describe: \_\_\_\_\_
- 33** Do you perform any cultivation operations?  Yes  No
- a Location: \_\_\_\_\_
- b Acreage: \_\_\_\_\_

## Sales Records and Recalls

- 34** Do you keep records of sales including date and purchaser?  Yes  No
- 35** Do you have procedures in place for recording and reporting Adverse Events?  Yes  No
- 36** Do you have a written Product Recall procedure?  Yes  No
- 37** 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

- 38** Do you sell products Direct to Consumer from your website?  Yes  No  
***If no, skip this section***
- 39** Do you utilize a third-party age verification service?  Yes  No
- 40** Do you require ID verification at delivery?  Yes  No
- 41** Do you have controls in place to ensure products are not shipped to jurisdictions where prohibited by law?  Yes  No

## Brick & Mortar Retail

n/a

- 42 Do you check IDs at point of sale?  Yes  No
- 43 Do you utilize ID verification software?  Yes  No
- 44 Are signs posted stating that customers must be 21+ to purchase hemp products?  Yes  No
- 45 Do you provide employee training on hemp products?  Yes  No  
a Describe training: \_\_\_\_\_

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## Product Samples

n/a

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

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## Consumption at Your Premises

- 49 Do you allow onsite consumption of hemp products at your business?  Yes  No
- 50 Are signs posted stating that customers must be 21+ to consume hemp products?  Yes  No
- 51 Are signs posted stating that customers should not drive after consuming THC products?  Yes  No
- 52 Do security cameras cover the entire premises including all rooms, entrances, exits, & parking lots?  Yes  No
- 53 How long are video recordings stored? \_\_\_\_\_

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## On-Premise Consumption - Training & Service

n/a

- 54 Do you allow employees to consume hemp, cannabis or alcoholic products while working?  Yes  No
- 55 Service staff are: (check all that apply)
- Employees  Independent Contractors
- Other - describe: \_\_\_\_\_

- 56 Are all servers trained/certified in a formal alcohol training course?  Yes  No  n/a  
a What course? \_\_\_\_\_
- 57 Are all servers trained/certified in a formal THC service training course?  Yes  No  
a What course? \_\_\_\_\_
- 58 Describe any other THC or alcohol service training: \_\_\_\_\_

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- 59 Do you check IDs at the door?  Yes  No
- 60 Do you check IDs at point of sale?  Yes  No
- 61 Do you utilize ID verification software?  Yes  No

- 62 Do you prohibit the sale of alcohol or hemp products to visibly intoxicated customers?  Yes  No
- 63 Are customers permitted to consume both THC and alcohol at the same time?  Yes  No
- 64 Do you have processes in place to prevent cross-consumption of alcohol and THC?  Yes  No
- 65 Do you follow guidelines for the maximum amount of THC a customer may be served during a single visit or over designated time periods?  Yes  No
- a Describe: \_\_\_\_\_
- 66 Do you maintain an Incident log?  Yes  No
- a How long are records maintained? \_\_\_\_\_
- 67 Do you offer transportation service for intoxicated customers?  Yes  No
- 68 Are customers permitted to consume hemp or cannabis products not purchased on site?  Yes  No

### On-Premise Consumption - Products & Promotions

n/a

- 69 What is the maximum THC content per serving of any drinks you serve for on-premise consumption? \_\_\_\_\_ mg
- 70 Do you serve THC shots?  Yes  No
- a Maximum potency of shots: \_\_\_\_\_ mg
- 71 Do you serve THC Mixed Drinks or Mocktails?  Yes  No
- a Do you use measuring/pouring devices for all THC mixed drinks/mocktails?  Yes  No
- b If mixed drinks/mocktails are offered at various THC dosages, do you have a system to mark or designate the potency?  Yes  No  n/a
- c Describe: \_\_\_\_\_
- 72 Do you offer multiple serving products for on-premise consumption?  Yes  No
- a Describe: \_\_\_\_\_
- 73 Do you ever have THC product promotions? *2 for 1 specials, all you can drink, etc.*  Yes  No
- a Describe: \_\_\_\_\_
- 74 Do you allow any drinking games/contests with either alcohol or hemp drinks?  Yes  No

### Events

- 75 Do you ever host Special Events (concerts, promoted entertainment, etc.)?  Yes  No
- a Frequency: \_\_\_\_\_
- b Type of Events: \_\_\_\_\_
- 76 Do you ever serve hemp products for consumption at premises other than the insured location?  Yes  No
- a Frequency: \_\_\_\_\_
- b Type of Events: \_\_\_\_\_
- c Location(s): \_\_\_\_\_

## Kegs

77 Do you sell cannabinoid beverages in kegs, multi-serving containers, or similar bulk-dispensing vessels?  Yes  No

a THC per Serving: \_\_\_\_\_mg

b Serving size: \_\_\_\_\_oz

78 Are kegs available for retail purchase by customers, including at retailer stores you supply?  Yes  No

79 Have you performed stability testing to ensure consistent potency?  Yes  No

a Provide details: \_\_\_\_\_

## Product Testing

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

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

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

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

84 How long are Certificates of Analysis retained? \_\_\_\_\_

85 Describe any internal testing: \_\_\_\_\_  n/a

## Exports & Imports

86 Do you sell any products outside of the USA?  Yes  No

a Percent of Revenues: \_\_\_\_\_

b Destination Countries: \_\_\_\_\_

87 Do any of your products or ingredients originate from outside of the USA?  Yes  No

a Imported Products: \_\_\_\_\_

b Country of Origin: \_\_\_\_\_

c Name & address of Supplier(s): \_\_\_\_\_

88 Are all imported products and/or ingredients tested in the USA?  Yes  No

## Products & Ingredients Manufactured by Others

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

a Provide complete list of manufacturers and addresses: \_\_\_\_\_

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

91 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***

- 92 Have you utilized a Process Authority for all formulations?  Yes  No
- 93 Do you require manufacturers to comply with Process Authority Letters?  Yes  No  n/a

## Manufacturing by the Applicant n/a

- 94 Do you physically produce or manufacture any products?  Yes  No

*If no, skip this section*

- 95 Does your manufacturing facility follow current Good Manufacturing Practices (cGMP)?  Yes  No

- 96 Is your facility cGMP certified?  Yes  No

a Date Certified: \_\_\_\_\_

b Certifying Body: \_\_\_\_\_

- 97 Do you have a formal written Quality Management System / Quality Control process?  Yes  No

- 98 Who supplies your cannabinoid emulsions?

- 99 Who develops/designs your product formulations?

- 100 Do you utilize Process Authorities on new formulations?  Yes  No

- 101 Do you maintain records on ingredient sourcing indefinitely?  Yes  No

- 102 Have you tested your products for shelf-life stability and homogeneity?  Yes  No

a Provide details: \_\_\_\_\_

- 103 Are your products pasteurized?  Yes  No

a If not, describe other contamination controls: \_\_\_\_\_

- 104 Do you perform cannabinoid conversion?  Yes  No

a What is your minimum acceptable purity level of D9-THC? \_\_\_\_\_

b Describe conversion process: \_\_\_\_\_

- 105 Do you perform extraction?  Yes  No

a List solvents used: \_\_\_\_\_

## Contract Manufacturing & Private/White Labeling n/a

- 106 Do you manufacture products under the labels/brands of others?  Yes  No

*If no, skip this section*

*If yes, please provide copy of manufacturing agreement(s)*

- 107 How many SKU's do you expect to produce in the next year? \_\_\_\_\_

- 108 Do you offer product development or custom formulation services to customers?  Yes  No

- 109 Do you offer label design services that include drafting warnings and regulatory wording?  Yes  No
- 110 For products you manufacture under the labels of others, do you utilize a standard written contract with all customers?  Yes  No
- 111 Do you require brands to carry Product Liability insurance covering all products you manufacture?  Yes  No
- a Do you verify Certificates of Insurance?  Yes  No
- b Limits Required: \_\_\_\_\_
- 112 Do you provide 3rd Party Certificates of Analysis to customers for all product batches?  Yes  No

## Background

- 113 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.*
- 114 Has the Named Insured acquired any companies or operations in the past 5 years?  Yes  No  
*If yes, provide details*
- 115 Have you, any owners or business partners declared bankruptcy in the last 5 years?  Yes  No  
*If yes, provide details*

## Regulatory & Claims History

- 116 Are you licensed or registered with any state regulatory bodies to manufacture, sell, distribute or serve hemp products?  Yes  No
- 117 Describe current legal representation:
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Inside/employed Attorney | <input type="checkbox"/> | Retained Outside Counsel |
| <input type="checkbox"/> | None                     | <input type="checkbox"/> | Other - Describe: _____  |
- 118 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*
- 119 Have your liquor or hemp licenses ever been suspended or revoked?  Yes  No  
*If yes, provide details*
- 120 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*
- 121 Are you aware of any Adverse Events reported involving your products?  Yes  No  
*If yes, provide details*

## 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

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

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

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

<b>Host, Sponsor or Venue</b>	<i>Operators or promoters of venues or events where you sell or serve hemp</i> <b>Note:</b> Trade Show sponsors are included for GL on blanket basis - see form CB 20 20	<b>General and/or Impairment Liability</b>
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<b>Name:</b>		<b>Dates/duration:</b>	
<b>Address:</b>		<b>Location:</b>	
<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

<b>Name:</b>		<b>Dates/duration:</b>	
<b>Address:</b>		<b>Location:</b>	
<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

<b>Designated Organization</b>	<i>Any person or organization requesting to be named as additional insured, other than the types above or blanket forms included</i>	<b>General and/or Impairment Liability</b>
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<b>Name:</b>		<b>AI's Relation to Insured:</b>	
<b>Address:</b>			
<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