

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

Additional Information requested for most competitive terms:

- 5 years currently valued loss runs
- 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 <sup>st</sup> Prior Year	\$ _____	\$ _____
2 <sup>nd</sup> Prior Year	\$ _____	\$ _____

**Amwins Program Underwriters**

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

Retail – Brick & Mortar	\$ _____ / _____ %
Online Retail	\$ _____ / _____ %
Consumption at insured premises or events	\$ _____ / _____ %

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

	<b>per serving</b>	<b>per container</b>
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

**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** Have you ever made health claims about your products on social media or in your advertising?  Yes  No

**22** 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*

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

**24** Do you sell any vaporizer, flower, or other smokeable or inhalable products?  Yes  No

a Percent of Gross Revenues: \_\_\_\_\_ %

**25** Do you sell any products not containing hemp?  Yes  No

a Describe: \_\_\_\_\_

## Sales Records and Recalls

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

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

**28** Do you have a written Product Recall procedure?  Yes  No

## Online Retail - Direct to Consumer

n/a

**29** Do you sell products Direct to Consumer from your website?  Yes  No

*If no, skip this section*

### Amwins Program Underwriters

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

31 Do you require ID verification at delivery?  Yes  No

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

## Brick & Mortar Retail

33 Do you check IDs at point of sale?  Yes  No

34 Do you utilize ID verification software?  Yes  No

35 Are signs posted stating that customers must be 21+ to purchase hemp products?  Yes  No

36 Do you provide employee training on hemp products?  Yes  No

a *Describe training:*

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n/a

## Product Samples

37 Do you offer samples of THC products?  Yes  No

38 Are IDs checked prior to offering samples?  Yes  No

39 What is the maximum serving size of sample offered?

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n/a

## Service & Events

40 Do you ever serve THC products for on-premise consumption?  Yes  No

41 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

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

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

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

n/a

## Background

46 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.*

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

*If yes, provide details*

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

*If yes, provide details*

## Regulatory & Claims History

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

50 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*

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

*If yes, provide details*

52 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*

53 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

### Amwins Program Underwriters