

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

- Applicant Name: _____
DBA: _____
- Description of Operations: _____
- Website: _____
- Mailing Address: _____
- Location Address: _____

For multiple locations, provide Schedule of Locations with submission

- Business Inception Date: _____
- Date Hemp Products First Sold: _____
- Requested Effective Date: _____
- Current Retroactive Date: _____
- GL Form Requested: _____

- Limits Requested: _____

GL & Product Liability

Impairment Liability

- Insurance Budget / Target Premium: \$ _____

- Type of Entity:

☐ Corporation
☐ LLC

☐ Individual
☐ Joint Venture

☐ Partnership
☐ Not for Profit

- 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

- Gross Revenues**

Total

Hemp Products

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

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:

	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

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

- ☐ Alcohol
 ☐ Caffeine
☐ Functional Mushrooms
 ☐ 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

☐ n/a

- 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:

Product Samples

☐ n/a

- 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?

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

☐ n/a

- 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

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.

Applicant Signature

Date Signed

Printed Name

Title