

Required Submission Information:

- List of hemp products sold
- 5 years currently valued loss runs
- Copy of Employee Training Program(s) and/or Service Policy
- Photos or copy of menu for THC products
- 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 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 st Prior Year	\$ _____	\$ _____
2 nd Prior Year	\$ _____	\$ _____

16 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
_____ %	_____ %	_____ %	_____ %

17 Gross Revenues by Category

	Hemp Products	Food & Non-Alc	Alcohol
Estimated - Next 12 Months	\$ _____	\$ _____	\$ _____

Your Products and Operations**18** 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**19** 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**23** 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***24** Do all products contain 0.3% or less delta-9 THC on dry-weight basis? Yes No**25** Do you sell any vaporizer, flower, or other smokeable or inhalable products? Yes No

a Percent of Gross Revenues: _____ %

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**36** Do you have a written Product Recall procedure? Yes No**Product Samples** n/a**28** Do you offer samples of THC products? Yes No**29** For events and venues not limited to 21+ customers, are IDs checked prior to offering samples? Yes No**30** What is the maximum serving size of sample offered? _____

Consumption at Your Premises

31 Do you allow onsite consumption of hemp products at your business? Yes No

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

33 Are signs posted stating that customers should not drive after consuming THC Yes No

34 Do security cameras cover the entire premises including all rooms, entrances, exits, & parking lots? Yes No

35 How long are video recordings stored? _____

On-Premise Consumption - Training & Service

36 Do you allow employees to consume hemp, cannabis or alcoholic products while working? Yes No

37 Service staff are: (check all that apply)

Employees Independent Contractors

Other - describe: _____

38 Are all servers trained/certified in a formal alcohol training course? Yes No n/a

a What course? _____

39 Are all servers trained/certified in a formal THC service training course? Yes No

a What course? _____

40 Describe any other THC or alcohol service training: _____

41 Do you check IDs at the door? Yes No

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

43 Do you utilize ID verification software? Yes No

44 Do you prohibit the sale of alcohol or hemp products to visibly intoxicated customers? Yes No

45 Are customers permitted to consume both THC and alcohol at the same time? Yes No

46 Do you have processes in place to prevent cross-consumption of alcohol and THC? Yes No

47 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: _____

48 Do you maintain an Incident log? Yes No

a How long are records maintained? _____

49 Do you offer transportation service for intoxicated customers? Yes No

50 Are customers permitted to consume hemp or cannabis products not purchased on site? Yes No

On-Premise Consumption - Products & Promotions

51 What is the maximum THC content per serving of any drinks you serve for on-premise consumption? _____ mg

52 Do you serve THC shots? Yes No

a Maximum potency of shots: _____ mg

53 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: _____

54 Do you offer multiple serving products for on-premise consumption? Yes No

a Describe: _____

55 Do you ever have THC product promotions? *2 for 1 specials, all you can drink, etc.* Yes No

a Describe: _____

56 Do you allow any drinking games/contests with either alcohol or hemp drinks? Yes No

Events

57 Do you ever host Special Events (concerts, promoted entertainment, etc.)? Yes No

a Frequency: _____

b Type of Events: _____

58 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): _____

Background

59 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.

60 Has the Named Insured acquired any companies or operations in the past 5 years? Yes No
If yes, provide details

61 Have you, any owners or business partners declared bankruptcy in the last 5 years? Yes No
If yes, provide details

Regulatory & Claims History

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

63 Describe current legal representation:
 Inside/employed Attorney Retained Outside Counsel
 None Other - Describe: _____

64 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

65 Have your liquor or hemp licenses ever been suspended or revoked? Yes No
If yes, provide details

66 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

67 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

Amwins Program Underwriters