

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 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 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 products? ☐ 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
☐ None

☐ Retained Outside Counsel
☐ 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