

## APPLICANT'S INSTRUCTIONS:

1. All Applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
3. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
4. Please read the statements at the end of this application carefully. Thank you!

*\*If there are multiple Business Names please provide detailed list or organizational chart showing relationship*

Requested Policy Effective Date:

Requested Policy Expiration Date:

## PROPERTY COVERAGE (Please complete this section for each location and building)

1. Location/Building# \_\_\_\_/\_\_\_\_

Building Coverage: \_\_\_\_\_

Business Personal Property/Equipment: \_\_\_\_\_

Tenant's Improvements and Betterments: \_\_\_\_\_

Business Income: \_\_\_\_\_

Amount of limit available any given month during the period of restoration: \_\_\_\_\_

Property in Transit: \_\_\_\_\_

Discharge from Sewer and Drain – (\$25,000 Limit)

Equipment Breakdown

Expanded Property Endorsement

Completed Stock\*: \_\_\_\_\_

Goods In Process\*\*: \_\_\_\_\_

Does this property have a triple net lease? Yes No

Deductible: \_\_\_\_\_

Coinurance: \_\_\_\_\_

Ordinance or Law (Choose one of the following options)

Coverage A only \_\_\_\_\_; or

Coverage C only \_\_\_\_\_; or

Coverages A and B \_\_\_\_\_; or

Coverages A, B and C \_\_\_\_\_.

NOTE: Coverages B and C can be combined into one "combo" limit

## Crop Coverage Table - *No coverage for plants while growing outdoors*

Phase	Number of Plants x	Per Plant Value =	Total
Seedling			
Vegetative			
Flowering			

\*\*Goods in Process is defined as Cannabis Buds and Flowers that have been harvested and are in the curing phase of production. No Stock, crop or growing plants fall under this category

\*Completed Stock is defined as Manufactured Products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.

2. Physical Address:

City:

State:

Zip:

3. Is this location fully open and operational?

Yes

No

If "No", when do you expect this location to be open and fully operational? \_\_\_\_\_

4. What are the operations at this location:

Manufacturer  
Lab

Processor  
Delivery

Cultivation  
Distribution

Retail/Dispensary  
Other: \_\_\_\_\_

5. Is there any oil extraction done at this location?

Yes

No

If "Yes", what method is used?

CO2

Butane

Propane

Other: \_\_\_\_\_

6. General Building Information:

Year Building Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Age of Roof: \_\_\_\_\_

Roof Type: (Tile, Metal, Shingle, etc....) \_\_\_\_\_ Construction Type: (Frame, Masonry, Glass, etc....) \_\_\_\_\_

ISO Fire Protection Class: \_\_\_\_\_

7. If the building is over 20 years old, provide the year the following were updated:

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_

8. Are there Fire Sprinklers?

Yes

No

Percentage of the Building is sprinkled? \_\_\_\_\_

9. Does the applicant own the building?

Yes

No

10. Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc.?	Yes	No
If "Yes", please provide details: What stage are the renovations currently at? _____ If not currently occurring, for when are the renovations planned? _____ When do you expect the renovations to be completed? _____ What is the total estimated value of the renovation? _____ Is there coverage on the building currently?      Yes      No Do you currently have a Builder's Risk policy?      Yes      No If "Yes", please provide a coverage certificate. If no, name of contractor: _____		
11. Does the applicant have an approved safe for secure product storage:	Yes	No
<i>Minimum safe requirements: 800lb with a 1-hour fire rating; under 2000lb must be bolted to the ground</i>		
12. Does the applicant have a vault room?	Yes	No
If Yes, please describe in detail: _____		
13. Is there a vacuum oven, centrifuge, distillation column and/or Rotovaps in the building?	Yes	No
If Yes, please provide manufacturer, model number, replacement cost, and motor's HP for each. _____		
14. Is there an electrical back up system?	Yes	No
How are the plants watered? _____		

PREMISES INFORMATION (Please complete this section for each location and building)				
15.	Location/ Building# _____/_____	Address: _____		
16.	Description of business operation(s) at this location:	Manufacturer Lab	Processor Delivery	Cultivation Distribution Retail/Dispensary Other: _____
17.	Describe the type of crime area in which applicant's premises is located:	Low	Moderate	High
18.	Square footage of building occupied by insured: _____			
19.	Describe the area in which the applicant's business is located:	Commercial	Industrial	Agricultural Residential
20.	Is the nature of the business advertised on the outside of the building?	Yes	No	
21.	Does applicant occupy the entire building?	Yes	No	
	If "No", are there connecting doors to adjacent units?	Yes	No	
	If "Yes", how are the connecting doors secured (i.e., deadbolts, alarms, etc.): _____			
22.	Does anyone live on the premises?	Yes	No	
	If "Yes", please describe occupancy: _____			
	If "Yes", is separate homeowner's insurance coverage in place?	Yes	No	
23.	Does the premises have a pool, pond, or other water exposure?	Yes	No	
	If "Yes", please explain: _____			
24.	Which of the following security systems are utilized (please check all that apply):			
	Central station burglar alarm	Exterior video cameras	Interior video cameras	
	Automatic Sprinkler System	Interior motion detectors	Security guards – armed	
	Security guards – unarmed	Door greeter/ID checker	Gated doors	
	Gated windows	Hold-up button/panic button	Safe or vault	
	Fencing	Dog(s); Breed and Number: _____		
25.	Are all security measures fully operational during non-business hours?	Yes	No	
	If "No", which ones are not: _____			
26.	If guards and/or greeters are used are they employees?	Yes	No	
	• If "No", do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured?	Yes	No	
	• Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?	Yes	No	
	• What limits do independent contractors carry?	_____		

PREMISES INFORMATION (Please complete this section for each location and building)		
<b>27. Are there any firearms on the property (including any firearms carried by security guards)</b>	Yes	No
If "Yes", please explain: _____		
<b>28. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?</b>	Yes	No
<b>29. Are employees instructed to cooperate and obey the robber's instructions and not to resist?</b>	Yes	No

LIABILITY COVERAGE (please complete all relevant sections as applicable)
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A. DISPENSARY INFORMATION	N/A
<b>31. Are there any employed professionals (e.g., physicians or pharmacists)?</b> If "Yes", do the employed professionals carry their own separate professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>32. How does the dispensary ensure compliance with state law (please check all that apply):</b> <input type="checkbox"/> Checking photo ID and registration card of patient <input type="checkbox"/> Confirming physician's recommendation <input type="checkbox"/> Checking photo ID to verify consumer is over age 21 <input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises <input type="checkbox"/> Other (describe): _____	
<b>33. How much inventory is displayed to customers?</b> <input type="checkbox"/> 0-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> Greater than 25%	
<b>34. Is any on-site consumption of marijuana or marijuana containing products permitted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35. Does applicant offer delivery of marijuana products?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>36. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:</b>	
<b>37. If the applicant distributes marijuana oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time?</b> <div style="text-align: right; padding-right: 50px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </div> If "No", please explain how the applicant controls access to these high dose / concentration products: _____	
<b>38. If applicant distributes marijuana oils or concentrates manufactured by others, does applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", what type of extraction system and solvents are used by the insured's manufacturers / suppliers? _____	
<b>39. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana containing product dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, the date and time dispensed?</b>	
<b>40. Does applicant maintain separate records for medical and recreational marijuana products?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>41. Does applicant grow medical or recreational marijuana or are other cannabis plants on the premises?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please complete Section V – Growing Facility Information.	
<b>42. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please complete Section VI – Manufacturing & Processing Operations.	

<p>43. Do any products, ingredients, or components originate from outside of the United States? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes":</p> <p style="margin-left: 20px;">a. Specify what products are imported and the country(ies) of origin:</p> <p style="margin-left: 40px;">b. Are imported products and components tested for contamination and verification that they match what was ordered?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>44. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>45. For products that applicant does not produce, does applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>46. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):</p> <p><input type="checkbox"/> Products are not contaminated with pesticides</p> <p><input type="checkbox"/> Products are not contaminated by bacteria</p> <p><input type="checkbox"/> Products are not contaminated by mold / fungus</p> <p><input type="checkbox"/> Products are not contaminated by mycotoxins</p> <p><input type="checkbox"/> Products are not contaminated by heavy metals</p> <p><input type="checkbox"/> Products are not contaminated by residual solvents</p> <p><input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)</p> <p><input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)</p> <p><input type="checkbox"/> Terpene profiles</p> <p>If "No", how does applicant ensure product purity?</p>

<b>B. GROWING FACILITY INFORMATION</b>	N/A
<p>47. Does applicant grow any marijuana that is intended to be distributed for recreational purposes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", what percentage of revenue is derived from these operations? <span style="float: right;">%</span></p>	
<p>48. Does applicant maintain separate records for medical and recreational products? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>49. Are marijuana cultivation areas located: <span style="margin-left: 20px;"><input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouse</span></p> <p style="margin-left: 20px;">a. If outdoors, provide the approximate size of the growing area in acres:</p>	
<p>50. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", please answer the following:</p> <p style="margin-left: 20px;">a. Please describe fence (i.e. height, material used, electrified, etc.):</p> <p style="margin-left: 40px;">b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 40px;">c. Is fenced in area locked at all times: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 40px;">d. Are there locked gates at all entrances to the property and/ or growing area: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>51. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If "No", please describe how the greenhouse will be secured to prevent unauthorized entry:</p>	
<p>52. What is the maximum number of plants on the premises at any one time?</p>	
<p>53. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", please complete Section VI – Manufacturing &amp; Processing Operations.</p>	

<p>54. Does applicant use a 3<sup>rd</sup> party testing laboratory to test their marijuana and marijuana containing products? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):</p> <p><input type="checkbox"/> Products are not contaminated with pesticides</p> <p><input type="checkbox"/> Products are not contaminated by bacteria</p> <p><input type="checkbox"/> Products are not contaminated by mold / fungus</p> <p><input type="checkbox"/> Products are not contaminated by mycotoxins</p> <p><input type="checkbox"/> Products are not contaminated by heavy metals</p> <p><input type="checkbox"/> Products are not contaminated by residual solvents</p> <p><input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)</p> <p><input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)</p> <p><input type="checkbox"/> Terpene profiles</p> <p>If "No", how does applicant ensure product purity?</p>	
<p>55. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

<b>C. Manufacturing &amp; Processing Operations</b>	N/A
<p>56. Please supply a complete list of products manufactured or processed by applicant</p>	
<p>57. Are manufacturing and processing facilities located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors</p> <p>If outdoors, provide the approximate size of the processing area in acres:</p>	
<p>58. Will the production of any of the above listed products require open flame, frying, or other cooking methods? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If "Yes", please answer the following:</p> <p style="margin-left: 20px;">a. Does your establishment have an automatic fire suppression system that extends over all cooking surfaces? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p style="margin-left: 20px;">b. Are hoods and flues inspected / cleaned by an outside service and tagged for verification of this? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>59. Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If "Yes", please answer the following:</p> <p style="margin-left: 20px;">a. What extraction or manufacturing method will the applicant utilize?</p> <p style="margin-left: 20px;">b. If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p style="margin-left: 20px;">c. Will the oils or concentrates be distributed in bulk to other infused product manufacturers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">d. Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 40px;">If "Yes", which product(s)?</p> <p style="margin-left: 20px;">e. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:</p>	
<p>60. Does the applicant actually produce the individual filled cartridges for vapor pens? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", please answer the following:</p> <p style="margin-left: 20px;">a. Are the cartridges one size fits all or are they only compatible with a particular brand?</p> <p style="margin-left: 40px;">i. If only compatible with a particular brand, which brand?</p> <p style="margin-left: 20px;">b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers.</p>	
<p>61. Are all marijuana and marijuana containing products manufactured and distributed by the applicant sold in child proof packaging or containers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

<p>62. Has applicant consulted with an attorney to determine that their labeling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements?</p> <p style="text-align: right;">Yes      No</p> <p>If "No", please answer the following:</p> <ul style="list-style-type: none"> <li>a. Does labeling contain warning to keep product away from children and pets? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></li> <li>b. Does labeling contain warning that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></li> <li>c. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></li> <li>d. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements:</li> </ul>	
<p>63. Do any products, ingredients, or components originate from outside of the United States? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>If "Yes":</p> <ul style="list-style-type: none"> <li>a. Specify what products are imported and the country(ies) of origin:</li>     <li>b. Are imported products and components tested for contamination and verification that they match what was ordered? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></li> </ul>	
<p>64. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and AI status from all US based manufacturers or suppliers? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p>	
<p>65. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Products are not contaminated with pesticides</li> <li><input type="checkbox"/> Products are not contaminated by bacteria</li> <li><input type="checkbox"/> Products are not contaminated by mold / fungus</li> <li><input type="checkbox"/> Products are not contaminated by mycotoxins</li> <li><input type="checkbox"/> Products are not contaminated by heavy metals</li> <li><input type="checkbox"/> Products are not contaminated by residual solvents</li> <li><input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)</li> <li><input type="checkbox"/> Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)</li> <li><input type="checkbox"/> Terpene profiles</li> </ul> <p>If "No", how does applicant ensure product purity?</p>	
<p>66. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p>	
<p>67. Does applicant have a written product recall plan? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p>	