CannGen INSURANCE SERVICES

T 888.751.3141 canngenins.com

EMAIL COMPLETED APP TO:
cannapp@canngenins.com

PACKAGE & PRODUCTS APPLICATION

EFFECTIVE DATE: **QUOTE BY DATE:**

APPLICANT INSTRUCTIONS:
1. All applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Application must be signed and dated by the owner, partner, or officer at time of binding. Signatures must be current within 10 days of bind request.
3. Please read the statements at the end of this application carefully.

SECTION 1 ACCOUNT INFORMATION

Legal Business Name:

DBA: *(If applicable)*

Mailing Address:	**City:**	**State:**	**Zip:**

Enterprise Type: Choose an item…	***If Other:***
Years in Business:* Choose an item...	**Website:**

If 'New Venture', do any of the principals have a minimum of 1 year in the cannabis, CBD, or hemp industry? ☐ Yes ☐ No

Operations Type: *(Check all that apply)* ☐ Cultivation ☐ Processor ☐ Retail-Cannabis/CBD ☐ Manufacturer ☐ Wholesale ☐ Distribution
☐ Transportation ☐ Delivery Operations ☐ Smoke Shop ☐ Retail-Hydroponics ☐ Lab ☐ Other: _____

What is the operation with the highest Projected Sales? Choose an item...

Is the applicant a member of any cannabis, CBD, or hemp trade association? ☐ Yes ☐ No

If yes, which association? ☐ NCIA ☐ CCIA ☐ CCSE ☐ NORML-NBN ☐ Other: _____

SECTION 2 ACCOUNT & LOSS / INSURANCE HISTORY

Provide requested sales amount for each store location (State abbreviation) and Total Sales:

YEAR	TOTAL SALES	STATE:	STATE:	STATE:	STATE:	STATE:
Next 12 months Gross Sales (Projected)						
Historical Year 1 Gross Sales						

**For additional states, please see Additional State Gross Sales Schedule Form – (Click here)*

1. ☐ Y ☐ N **Does the applicant currently have commercial insurance coverage?** *If yes, please provide detailed information below:*

YEAR	CARRIER	COVERAGE	LIMITS	EXP. DATE	PREMIUM

2. ☐ Y ☐ N **Has the applicant had any prior liability and / or property claims or losses in the past 5 years?**
If yes, attach currently valued loss runs (within the past 30 days) including losses that were denied. Please include details for any claims over $10,000 with your submission.

3. **Complete the following for any applicant or principal, partner, owner, officer, director, manager, or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary, or affiliated organization.**

a. ☐ Y ☐ N **Have any of the above been convicted of a felony, or DUI in the last 10 years?**
If yes, give details (i.e., date / jail time served / felony / misdemeanor):

b. ☐ Y ☐ N **Is the applicant in compliance with all local and state laws regarding the manufacturing, control, and dispensing of cannabis, CBD, or hemp?**

c. ☐ Y ☐ N **Does the applicant currently hold a cannabis, CBD, or hemp license / permit?** **License No.:** _____
If not, when does the applicant expect to be permitted / licensed? _____ *(MM/DD/YYYY)*

4. ☐ Y ☐ N **Does the applicant maintain daily written records of all cannabis, CBD, hemp, and inventory of non-cannabis products, including purchase date, type of product, purchase price, and who it was purchased from?**

SECTION 2 ACCOUNT & LOSS / INSURANCE HISTORY *(Continued)*

5. ☐ Y ☐ N **Has the applicant had a foreclosure, repossession, lien or filed for bankruptcy during the last five years?**
If yes, give details (i.e., occurrence date / explanation / resolution / resolution date):

6. ☐ Y ☐ N **Does the applicant test 100% of the cannabis, CBD, and hemp products prior to distribution?**
**NOTE: If the applicant is retail, wholesale, distribution, or cultivation, this question does not apply.*
   a. *If yes, is the testing performed by the applicant or laboratory?* Choose an item...
   b. *If 'Laboratory Tested', provide the laboratory name:* _____

7. ☐ Y ☐ N **Does the applicant engage in the manufacture or sale of any products containing artificially synthesized cannabinoids, including but not limited to Delta-8 THC, Delta-10 THC, HHC, THCP, or THC-O Acetate?**

SECTION 3 GENERAL LIABILITY COVERAGE AND ENDORSEMENTS ☐ SELECT BOX TO DECLINE COVERAGE

▶ **General Liability Limits:** Choose an item...

1. ☐ Y ☐ N **Include Hired and Non-Owned Auto Coverage?**
*If yes, please complete **1a-1d** below. If the insured has a separate Business Auto Policy, the Hired and Non-Owned coverage should be included under that policy. (Deliveries to consumer and Transportation/Distribution operations are ineligible for HNOA)*
   a. ☐ Y ☐ N **Do all drivers maintain a personal auto policy that is kept in force at all times?**
   b. ☐ Y ☐ N **Is any driver allowed to drive with any DUI, DWI, or reckless driving violations?**
   c. ☐ Y ☐ N **Are Motor Vehicle Reports collected for all drivers employed by the applicant?**
   d. ☐ Y ☐ N **Does applicant / employees make any deliveries directly to patients / customers from the retail location?**

2. ☐ Y ☐ N **Include Stop Gap Coverage? *(OH, WA, WY, and ND only)***

3. ☐ Y ☐ N **Include Pesticide / Herbicide Applicator's Endorsement? *(WA and MA only)*** Choose an item...

4. ☐ Y ☐ N **Include Employee Benefits Liability Coverage?** *If yes, Requested Retroactive Date:* _____ *(MM/DD/YYYY)*

5. ☐ Y ☐ N **If you have armed/unarmed security personnel (1st or 3rd party), would you like to include Assault and Battery coverage?**

SECTION 4 EXCESS LIABILITY COVERAGE ☐ SELECT BOX TO DECLINE COVERAGE

Underlying General Liability Limits must be $1,000,000 occurrence and $2,000,000 aggregate.
(NOTE: This Excess Liability applies to General Liability only and does not apply to Product Liability or Commercial Auto)

▶ **Excess Liability Limit:** Choose an item... **Higher limits are available upon request*

SECTION 5 PRODUCT LIABILITY COVERAGE ☐ SELECT BOX TO DECLINE COVERAGE

▶ **Product Liability Limit – Each Claim:** Choose an item... **Aggregate:** Choose an item... **Product Liability Deductible:** Choose an item...
**Higher limits are available upon request*

1. ☐ Y ☐ N **Include Retro Coverage?** *If yes, Requested Retroactive Date:* _____ *(MM/DD/YYYY)*
(NOTE: If adding Retro coverage, please provide loss runs and premiums for each prior year)

2. ☐ Y ☐ N **Does the applicant have a quality assurance / product recall plan in place?**

3. ☐ Y ☐ N **If the applicant is cultivating, manufacturing or processing, do they test 100% of all products for unsafe levels of residue, and will destroy 100% of the products found with unsafe levels?**

4. ☐ Y ☐ N **Does the applicant use software to track sales and pertinent transaction data such as what was purchased, when and by whom?**

5. ☐ Y ☐ N **Will the applicant follow to the best of their abilities all Consumer Product Safety Commission regulations as it would pertain to the withdrawal and / or recall of defective products?**

6. ☐ Y ☐ N **Does the applicant have a communication and complaint handling procedure?**

7. ☐ Y ☐ N **Does the applicant know of any products that were either voluntary or mandatory recalled / withdrawn in the past 5 years? In that timeframe, please provide the total number of recalls / withdrawals the applicant has had:**
   # Voluntary: _____ # Mandatory: _____

8. ☐ Y ☐ N **Include Product Withdrawal Coverage?** Choose an item...

SECTION 5 PRODUCT LIABILITY COVERAGE *(Continued)*

FOR RETAIL OPERATIONS only: ☐ CHECK BOX IF NOT APPLICABLE

9. ☐ Y ☐ N **Does the applicant require each supplier to have their products tested, and does the applicant maintain each supplier contracts, records, and invoices for 5 years or more?**

FOR CULTIVATION OPERATIONS only: ☐ CHECK BOX IF NOT APPLICABLE

10. ☐ Y ☐ N **What form of pest prevention is the applicant using?** Choose an item... *If Other:* _____

11. ☐ Y ☐ N **Does the applicant apply their own pesticides?**

12. ☐ Y ☐ N **Does the applicant follow all state and federal laws with regards to the use, storage, and disposal of pesticides?**

13. ☐ Y ☐ N **Is the applicant aware of any past or current pesticide issues that would result in a loss or claim?**

a. *If yes, explain:* _____

FOR ALL OPERATIONS-PRODUCT LIST (Cannabis and Non-Cannabis)

Cannabis Products – Select all that apply: ☐ Cannabis Flower ☐ Pre-Rolls ☐ Edibles ☐ Topical ☐ Other: _____

Non-Cannabis Product Type or Accessories – Select all that apply: ☐ Ash Trays ☐ Blunt Wraps ☐ Bong Wash ☐ Cones ☐ Dab Rings ☐ Dab Tools ☐ Glassware ☐ Grinders ☐ Joint Paper ☐ Joint Rollers ☐ Kratom ☐ Roach Clips ☐ Screens ☐ Torch Lighters ☐ Vape Battery Chargers ☐ Vape Equipment ☐ Batteries ☐ Hemp Derived Intoxicants (D8/D9) ☐ Other: _____

Vape cartridges / pens (equipment and accessories) are manufactured or distributed by which kind of vendor? Choose an item...

14. ☐ Y ☐ N **Does the applicant offer any consumable products made outside of the United States?**

SECTION 6 LOCATION SCHEDULE

**For additional Locations, please see Additional Location Schedule Form – (Click here)*

LOC #	BLDG #	ADDRESS	CITY	STATE	ZIP

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Applicant: ***Effective Date:***

LOC#/BLDG#: ____/____ Address: _____ City: _____ State: _____ Zip: _____

SECTION 7 GENERAL POLICY QUESTIONS

*****COMPLETE SECTIONS 7-9c FOR EVERY BUILDING OR OUTDOOR GROW*****

▶ **Use Type:** Choose an item... *If Other:* _____ If CBD, please advise: ☐ Hemp Derived ☐ Cannabis Derived

Please list operation(s): (In this building only) ☐ Cultivation ☐ Processor ☐ Retail-Cannabis/CBD ☐ Manufacturer ☐ Wholesale
☐ Distribution ☐ Transportation ☐ Delivery Operations ☐ Smoke Shop ☐ Retail-Hydroponics ☐ Lab ☐ Other: _____

1. ☐ Y ☐ N **Does the applicant allow for on-site consumption?**
If yes, explain:

2. ☐ Y ☐ N **Does anyone live in the above scheduled building or on the premises?**
3. ☐ Y ☐ N **Are there any firearms located in the scheduled building listed above?**
4. ☐ Y ☐ N **Does the applicant utilize security guards?**
   a. *If yes, what type:* Choose an item... *If yes, are the security guards armed?* Choose an item...
5. ☐ Y ☐ N **Does the applicant operate in a shared space?**
If yes, explain:

6. **What is the distance to the nearest building?** *Provide distance in feet:* North: _____ South: _____ West: _____ East: _____
7. **Please provide details for this building below:** ☐ *If Outdoor Operations, check this box, skip questions 7 and 8, and* ***go to Section 8****.*
   a. Year of Construction: _____ Number of Stories: _____ Square Footage: _____ Age of Roof: _____
   b. Construction Type: Choose an Item... *If Other:* _____
   c. Roof Type: Choose an Item... *If Other:* _____
   d. Roof Construction: Choose an Item... *If Other:* _____
8. ☐ Y ☐ N **If the building is older than 30 years, have the below been updated within 30 years?**
   a. Plumbing: Select Electrical: Select HVAC: Select *Notes:* _____

SECTION 8 PROPERTY COVERAGE

☐ **SELECT BOX TO DECLINE COVERAGE**

1. ☐ Y ☐ N **Are there fire sprinklers?** *If yes, what percentage of the building is sprinklered?* _____ *%*
2. ☐ Y ☐ N **Is there an active central station fire alarm?**
3. ☐ Y ☐ N **Is there an active central burglar alarm system connected to all windows and doors?**
4. ☐ Y ☐ N **Does the applicant have an approved safe?**
If yes, answer questions ***(4a-4c)*** *below. If no, proceed to* ***question 5****.*
   a. How many safes does the applicant have: _____
   b. What is the weight of the/each safe? (lbs) _____
   c. What is the fire rating time of the/each safe?(HH:MM) _____
   For specific details about safes, please see* ***page 9.*
5. ☐ Y ☐ N **Does the applicant have an approved vault room?** *If yes, what type?* Choose an Item...
For specific details about approved vault types, please see* ***page 9**.*
6. ☐ Y ☐ N **Does the applicant have a buzz-in system or security personnel at the door?**
7. ☐ Y ☐ N **Does the applicant have interior and exterior cameras?**

If requesting building coverage, please answer questions 8, 9 and 10 below.

8. ☐ Y ☐ N **Sole tenant and no other buildings attached?**
9. ☐ Y ☐ N **Is this a triple net lease?**
10. ☐ Y ☐ N **Does the named applicant own the building?**

PACKAGE & PRODUCTS APPLICATION

Applicant: ***Effective Date:***

LOC#/BLDG#: _____ / _____ Address: _____ City: _____ State: _____ Zip: _____

SECTION 8a PROPERTY DEDUCTIBLE & COVERAGE LIMITS

▶ **Property Deductible:** Choose an item...

BUILDING COVERAGE:	**$**	**OUTDOOR SIGNS:**	**$**
BUSINESS INCOME:	**$**	**CANNABIS INVENTORY:**	**$**
TENANTS IMPROVEMENTS/BETTERMENTS:	**$**	**% OF CANNABIS INV REQUIRING REFRIGERATION:**	0.00%
BUSINESS PERSONAL PROPERTY:	**$**	**3RD PARTY CARE / CUSTODY / CONTROL*:**	**$**

**NOTE: The default 3rd Party Care / Custody / Control deductible is $10,000*

SECTION 8b EQUIPMENT BREAKDOWN *(For above listed Location / Building)*

1. ☐ Y ☐ N **Equipment Breakdown Coverage?** **Subject to approval*

a. ☐ Y ☐ N **Does the applicant use a generator as their primary source of power?**

b. ☐ Y ☐ N **Does the applicant have any pressure vessels or boilers that require jurisdictional inspections?**

SECTION 9 OPERATIONS: PROCESSING *(For above listed Location / Building)* ☐ CHECK BOX IF N/A

Processing Operations – Select all that apply: ☐ Drying/Curing ☐ Quarantine ☐ Trimming ☐ Storage of finished stock ☐ Bagging/Tagging ☐ Rolling

SECTION 9a OPERATIONS: CULTIVATION *(For above listed Location / Building)* ☐ CHECK BOX IF N/A

Location Zoning – Select all that apply: ☐ Commercial ☐ Residential ☐ Industrial ☐ Agricultural ☐ Mixed Use

1. ☐ Y ☐ N **If cultivating, is there a back-up system for the electrical supply?**

2. ☐ Y ☐ N **Does the Applicant test 100% of the cannabis products grown?**

3. ☐ Y ☐ N **Does the Applicant use or plan to implement sulfur burning in the cultivation process?**

4. ☐ Y ☐ N **Please select type of grow lighting:** Choose an item... *If Other:* _____

****The following questions (4a-4b) are only necessary if not 100% LED grow lighting:***

a. Type of ballast (s) used in your operation: Choose an Item...

b. ☐ Y ☐ N **Does Applicant ever use Metal Halide and High Pressure Sodium Bulbs interchangeably in ballasts?**

5. ☐ Y ☐ N **Applicant has used, or will use, a licensed, insured contractor for all electrical work at this grow facility.**

***The following questions (6-9a) are only necessary for Crop Coverage:** ☐ **SELECT BOX TO DECLINE CROP COVERAGE**

6. **Estimated number of harvests per year:** _____

7. **Average yield of harvested cannabis per plant (per oz):** _____

8. **Average wholesale value per pound of finished cannabis stock (per pound):** _____

9. **Maximum per plant value based on questions 7 and 8:** _____

STAGE	# of PLANTS	TOTAL PLANT VALUES (WHOLESALE)
SEEDS		
LIVING PLANT MATERIAL		
TOTAL CROP VALUE:		$0.00

Continue to 'Section 9b' on next page...

LOC#/BLDG#: _____ / _____ Address: _____ City: _____ State: _____ Zip: _____

SECTION 9b OPERATIONS: OUTDOOR CULTIVATION / GREENHOUSE *(For above listed Location / Building)* ☐ CHECK BOX IF N/A

Construction Materials – Select all that apply: ☐ Polycarbonate ☐ Polyurethane ☐ Polyethylene ☐ Glass ☐ Canvas
☐ **Or check box if Outdoor Grow** ☐ Other: _____

1. ☐ Y ☐ N **Does the property listed above have fencing surrounding the cultivation / greenhouse area?**
   a. ☐ Y ☐ N *If yes, is the fenced area locked at all times?*
2. ☐ Y ☐ N **Are there gates at all entrances of the property?**
3. ☐ Y ☐ N **Is there any barbed wire, razor wire, or electrified fencing used for security on property?**
4. ☐ Y ☐ N **Are there warning signs at the property?**
5. ☐ Y ☐ N **Are there any traps used for security on the property?**
   If so, please provide details:
6. ☐ Y ☐ N **Is electricity running to this structure?**
7. **What is the total property size in acres?** _____
8. **What is the size of the total cultivation area where cannabis and or hemp operations take place in acres?** _____

(NOTE: Please provide photos of greenhouse(s) at time of submission)

SECTION 9c OPERATIONS: MANUFACTURING / EXTRACTION *(For above listed Location / Building)* ☐ CHECK BOX IF N/A

1. ☐ Y ☐ N **Is this an extraction facility?**
   a. *If no, please describe operations:* _____
   b. *If yes to extraction, what method is being used:* Choose an Item... *If Other:* _____
   c. *If CO2 extraction, how many CO2 detectors are in the building?* _____
   d. *If solvents or gases are used, what type of loop system is used?* Choose an Item...
2. ☐ Y ☐ N **Is the applicant doing any traditional cooking at this location?** *If yes, please complete question **2a**.*
   a. ☐ Y ☐ N **Will there be open flame cooking and / or fryer operations at the property listed above?** *If yes, please complete questions **2b-2h**.*
   b. **Description of products that require open flame / frying:** _____
   c. ☐ Y ☐ N **Are the open flame cooking / frying operations conducted under a non-combustible power ventilation hood?**
   d. ☐ Y ☐ N **Does the applicant's establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces?**
      If yes, what type of fire suppression system is it? _____
   e. ☐ Y ☐ N **Is there an automatic gas / propane supply cutoff?**
   f. ☐ Y ☐ N **If the applicant has a deep fat fryer, does it have a high limit temperature switch?**
   g. ☐ Y ☐ N **Are hoods and flues inspected / cleaned by an outside service and tagged for verification at least every 6 months?**
   h. ☐ Y ☐ N **Has the applicant had any past health or liquor violations which have resulted in the closing of their business or suspension of their license?**

Continue to 'Section 10' on next page...

SECTION 10 ADDITIONAL INTERESTS (AI)

☐ CHECK BOX IF THERE ARE NO ADDITIONAL INTERESTS

**To list more Additional Interests, please see Additional Interest Schedule – (Click here)*

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability **LOC#/BLDG#:** ______ / ______

Additional Insured: *(Check one)* ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment ☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: ______

If 'Loss Payee', please answer the following questions:

Loss Payee Type: Choose an item... **Loss Payee Description of Property:** ______

Name:

☐ Y ☐ N **Waiver of Subrogation** (must be required by contract)

☐ Y ☐ N **Primary / Non-Contributory Wording** (must be required by contract)

AI Address: ______ **City:** ______ **State:** ______ **Zip:** ______

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability **LOC#/BLDG#:** ______ / ______

Additional Insured: *(Check one)* ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment ☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: ______

If 'Loss Payee', please answer the following questions:

Loss Payee Type: Choose an item... **Loss Payee Description of Property:** ______

Name:

☐ Y ☐ N **Waiver of Subrogation** (must be required by contract)

☐ Y ☐ N **Primary / Non-Contributory Wording** (must be required by contract)

AI Address: ______ **City:** ______ **State:** ______ **Zip:** ______

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability **LOC#/BLDG#:** ______ / ______

Additional Insured: *(Check one)* ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment ☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: ______

If 'Loss Payee', please answer the following questions:

Loss Payee Type: Choose an item... **Loss Payee Description of Property:** ______

Name:

☐ Y ☐ N **Waiver of Subrogation** (must be required by contract)

☐ Y ☐ N **Primary / Non-Contributory Wording** (must be required by contract)

AI Address: ______ **City:** ______ **State:** ______ **Zip:** ______

Policy Interest: ☐ General Liability ☐ Property ☐ Product Liability **LOC#/BLDG#:** ______ / ______

Additional Insured: *(Check one)* ☐ Landlord ☐ Governmental Agency ☐ Single Vendor (Products) ☐ Mortgagee ☐ Lessor of Leased Equipment ☐ Blanket Vendor (Products) ☐ Loss Payee ☐ Blanket AI (GL) ☐ Other: ______

If 'Loss Payee', please answer the following questions:

Loss Payee Type: Choose an item... **Loss Payee Description of Property:** ______

Name:

☐ Y ☐ N **Waiver of Subrogation** (must be required by contract)

☐ Y ☐ N **Primary / Non-Contributory Wording** (must be required by contract)

AI Address: ______ **City:** ______ **State:** ______ **Zip:** ______

Continue to 'Section 11' on next page...

SECTION 11 ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT (CANNABIS RISKS ONLY)

NOTE: Complete once per application. Skip if previously completed.

1. ☐ Y ☐ N **Does the applicant prevent the distribution of cannabis to minors?**
2. ☐ Y ☐ N **Does the applicant prevent the revenue from sale of cannabis from going to criminal enterprises?**
3. ☐ Y ☐ N **Does the applicant prevent possible diversion of cannabis from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law?**
4. ☐ Y ☐ N **Does the applicant prevent the use of state-authorized cannabis activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity?**
5. ☐ Y ☐ N **Does the applicant have a program or safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of cannabis use?**
6. ☐ Y ☐ N **Does the applicant prevent drugged driving or other possibly adverse public health consequences associated with cannabis use?**
7. ☐ Y ☐ N **Does the applicant either grow or purchase cannabis grown on public lands?**
8. ☐ Y ☐ N **Does the applicant prevent the possession or use of their product on federal property?**

SECTION 12 PROPERTY EXTENSION ENDORSEMENT OPTIONS

1. ☐ Y ☐ N **Property Extension Endorsement Options:** Choose an item...

**NOTE: Only available with Property coverage*

Property Extension Endorsement Form Comparisons and Descriptions

NOTE: If yes, complete questions 2 through 11 below.

2. ☐ Y ☐ N **Will the applicant transport cannabis living plants to other businesses?**
3. ☐ Y ☐ N **Will the applicant transport harvested, processed, or finished cannabis to other businesses?**
4. ☐ Y ☐ N **Will the applicant deliver any cannabis products directly to the consumer?**
5. ☐ Y ☐ N **Will the vehicles that transport the applicants' property and/or money and securities from the scheduled premises have an active alarm system?**
   a. ☐ Y ☐ N *If yes, does it include LoJack or some other tracking service?*
6. ☐ Y ☐ N **Are drivers allowed to make personal stops when transporting goods?**
7. ☐ Y ☐ N **Does the applicant screen / collect DMV records from all drivers?**
8. ☐ Y ☐ N **Does the applicant allow any firearms or weapons in the vehicles?**
9. ☐ Y ☐ N **Are all vehicles equipped with securely bolted lock boxes?**
10. ☐ Y ☐ N **Are drivers allowed to take any cannabis inventory and/or money home?**
11. ☐ Y ☐ N **Does the applicant provide lifts, ride share or other livery type operations?**

SECTION 13 ADDITIONAL LINES REQUEST

Interested in more coverage? We have many other products available to meet the needs of your customer. Please check any of the following lines of coverage we can also provide you:

☐ Workers Compensation ☐ Professional/Management Liability (D&O/EPL/E&O) ☐ Commercial Auto

Please continue on next page and review the following:
Important Property And Crop Warranties, Safeguards, and Definitions
Disclosures / Warranties / Acknowledgements

IMPORTANT PROPERTY AND CROP WARRANTIES, SAFEGUARDS, AND DEFINITIONS

LOCKED SAFE WARRANTY – "CANNABIS INVENTORY"

All "Finished Cannabis Stock" and "Cannabis Stock In-Process" items are to be kept locked in a safe or vault room at all times during business and non-business hours except for "Finished Cannabis Stock" and "Cannabis Stock In-Process" on display during business hours.

A safe must meet the following requirements to be deemed compliant:

1. The safe must have a 1-hour fire rating;
2. The safe complies with all state, county and, or municipal level requirements;
3. The safe, if it weighs less than or equal to 400 lbs; and
    i. the combined "Finished Cannabis Stock" and "Cannabis Stock In-Process" limit is greater than $100,000 the safe must be bolted to the ground.
4. The safe, if it weighs over 400 lbs., and
    i. the combined "Finished Cannabis Stock" and "Cannabis Stock In-Process" limit is greater than $250,000 the safe must be bolted to the ground.

Any vault room used to house "Finished Cannabis Stock" or "Cannabis Stock In-Process" will meet the requirements as indicated in MMD 10 79 03 25.

CENTRAL STATION FIRE ALARM – SAFEGUARD REQUIREMENT

Protecting the entire building and that is connected to a central station reporting to a public or private fire alarm station.

CENTRAL STATION BURGLAR ALARM – SAFEGUARD REQUIREMENT

1. To cover all openings in the insured's premises
2. Motion detectors in all areas with the exception of living plant areas
3. Alarm must be in the "on" position during all non-working hours and/or whenever the insured's premises are unoccupied.

SECURITY CAMERA'S – SAFEGUARD REQUIREMENT

1. All security cameras must be recording and all records must be backed up and retained for a minimum of 14 days
2. Interior Cameras monitoring the following:
    a. All doors and windows providing a means of egress into the building
    b. Display counters
    c. Exterior and interior of safe rooms, if on the premises
    d. Exterior and interior of all vault rooms, if on the premises
    e. Harvesting and trimming rooms, if on the premises
3. Exterior Cameras monitoring all means of egress to the building and the parking lot unless City Ordinances or laws prohibit monitoring of this area

CROP AND CANNABIS INVENTORY DEFINITIONS

1. "*Cannabis Crop*" means any combination of the following; "Cannabis Seeds" and/or "Living Plant Material".
    a. "*Cannabis Seeds*" means an embryonic cannabis plant or plants enclosed in a protective outer coating called the seed coat.
    b. "*Living Plant Material*" means live cannabis plant materials at any stage of the life cycle, including but not limited to immature cannabis seedlings, cannabis plants in the vegetative growth stage, and mature flowering cannabis plants rooted in "growing medium". "Living Plant Material" includes "Mother Plants". "Living Plant Material" does not include "Cannabis Seeds".
2. "*Cannabis Inventory*" means any combination of the following; "Harvested Cannabis Material", Cannabis Stock-In Process", and/or "Finished Cannabis Stock".
    a. "*Harvested Cannabis Material*" means cannabis plant material no longer in the "growing medium", which is in the process of being dried. Further it includes raw cannabis material that has completed the drying process, and is retained by you for further processing, extracting, refining, or manufacturing operations. "Harvested Cannabis Material" does not include "Cannabis Stock In-Process" or "Finished Cannabis Stock".
    b. "*Cannabis Stock In-Process*" means partially finished cannabis goods or materials awaiting completion that are no longer "Harvested Cannabis Material" and are not yet "Finished Cannabis Stock".
    c. "*Finished Cannabis Stock*" means finished cannabis stock and products containing cannabis and/or its derivatives containing a tetrahydrocannabinol (THC) level of more than 0.3% on a dry weight basis. "Finished Cannabis Stock" does not include "Harvested Cannabis Material" or "Cannabis Stock In-Process".

DISCLOSURES / WARRANTIES / ACKNOWLEDGEMENTS

Fire and Theft losses of property may be excluded if:

a. The Central Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station alarm system).
b. The Video Surveillance System is not recording and backing up for 14 days prior to the loss.
c. The seeds, finished cannabis stock / inventory, money and securities are outside the safe during non-business hours.
d. The minimum safe and/or vault requirements have not been met at the time of the loss.
e. The building is over 20 years old and no updates have been done in the last 20 years.
f. The safe or vault does not have a 1-hour fire rating, fire will be excluded unless 100% covered by fire sprinklers.
g. All Vaults must be approved in writing by the underwriter.

FRAUD WARNING: Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only. Applicable in Fl and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only. Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or believe that it will be present to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. Applicable in KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only. Applicable in Me, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

I, _____, an authorized representative of _____, understand and agree that this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to the Carrier any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF BIND REQUEST. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY.

APPLICANT		BROKER	
Authorized Applicant Signature:	**Date Signed:**	**Signature of Broker:**	**Date Signed:**
Printed Name of Applicant:		**Printed Name of Broker:**	
Title of Applicant:		**Name of Agency:**	
Phone Number:			

THANK YOU FOR YOUR BUSINESS!