CannGen INSURANCE SERVICES
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PACKAGE & PRODUCTS APPLICATION

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 20 years, have the below been updated within 20 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?**

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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	PER PLANT VALUE	TOTAL PLANT VALUES (WHOLESALE)
SEEDS			$0.00
LIVING PLANT MATERIAL			$0.00
		TOTAL CROP VALUE:	**$0.00**

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

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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?**