



# MARIJUANA LIABILITY APPLICATION

Applicant Name:

Mailing Address:

Web Site:

Agent's Name:

Address:

Proposed Effective Date:  
From:  To:   
12:01 A.M. Standard Time at the address of the Applicant

## GENERAL INFORMATION

1. Applicant is:  Individual  Corporation  Partnership  Joint Venture  LLC  
 Other (Specify)

2. Years in business:   
If in business less than 1 year, description of previous business experience:

## LICENSE INFORMATION

3. Are you currently licensed for all marijuana operations for which you are involved?  Yes  No  
If no, please attach an explanation.

4. License types held and numbers:

**Retailer / Dispensary**  
Address(es):

**Cultivator / Grower**  
Address(es):

**Processor / Manufacturer**  
Address(es):

**Wholesaler / Distributor**  
Address(es):

**Testing Lab**  
Address(es):



## OPERATIONS – ALL LICENSE TYPES

10. Is there any residential structure or space on the premises? If yes, please attach an explanation.  Yes  No
11. Are there any firearms on the premises?  Yes  No  
If yes, are the firearms limited to third-party contracted security firms? If no, please attach an explanation.  Yes  No
12. Are there any dogs other than service or support dogs on the premises?  Yes  No  
If yes, are the dogs limited to third-party contracted security firms? If no, please attach an explanation.  Yes  No
13. Is security provided by an independent security guard service?  Yes  No  
If yes:  
Do you execute a written contract with the service? If no, please attach an explanation.  Yes  No  
Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? If no, please attach an explanation.  Yes  No
14. Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained and are you added as an Additional Insured under the policy for all testing labs, private security firms, manufacturers, or suppliers used? If no, please attach an explanation.  Yes  No
15. Have any license requirements been waived by the State or Municipality?  Yes  No  
If yes, please attach an explanation.

## OPERATIONS – RETAIL ONLY

16. Is onsite consumption allowed?  Yes  No
17. Is any physician or other medical professional employed or contracted?  Yes  No  
If yes, please attach an explanation.  Yes  No
18. Do you sell any tobacco or alcohol or any products unrelated to marijuana, marijuana smoking, or marijuana vaping? If yes, please attach an explanation.  Yes  No  
 Yes  No
19. Are any products sold online?  Yes  No
20. Are home delivery services available or provided?  Yes  No
21. Are customers able to obtain products from a drive-thru?  Yes  No
22. Are any products for sale imported from outside the United States?  Yes  No

## PRODUCT RECALLS

23. Have you voluntarily or involuntarily recalled in the past five years, or are you considering recalling, any known or suspected defective products from the market?  Yes  No  
If yes, please attach an explanation.

## LOSS HISTORY AND KNOWN EVENTS

24. Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years? If yes, please attach an explanation.  Yes  No
25. Are you aware of any investigation, incident, condition, circumstance, defect or suspected defect in any product, service or work, which may result in a claim against you that is not disclosed above? If yes, please attach an explanation.  Yes  No

## CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Coverage Form:  Occurrence  Claims-Made    Retro Date:

Desired Limits:

Desired Deductible/SIR:

## REQUIRED DOCUMENTS

Please Attach The Following:

1. Copy of current license if currently licensed
2. Application for license if not currently licensed
3. Brief description of owner's prior experience

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

***If you prefer not to return application with an electronic signature, please print and sign below.***

Signature of Applicant or Authorized Representative:

Title:

Current Date: