

MARIJUANA LIABILITY APPLICATION

SECTION I – BUSINESS INFORMATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant

Retroactive Date: (if prior to the inception date)

If a prior year retro date is needed, please provide all applicable prior year loss runs and the expiring declarations page(s) evidencing the prior year retro date.

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?

Yes No

FEIN:

Applicant is: Individual Joint Venture LLC
Corporation Partnership

Other – Specify:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

1) Years in business:

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

2) Have you engaged in this or similar business operations under a different name?
If Yes, list the entity and operations:

Yes No

3) Is the applicant a member of any cannabis, CBD, or Hemp Trade association? Yes No
 If Yes, in the table below, check the trade association:

TRADE	CHECK FOR EACH TRADE	COMMENTS
NCIA		
CCIA		
CCSE		
NORM-NBN		
Other		

4) In the table below, check the license type(s) you possess and the information:

LICENSE TYPE	CHECK FOR EACH LICENSE	ADDRESS	LICENSE #	ADULT-USE / RECREATIONAL OR MEDICINAL
License Dispensary				
Cultivator/ Grower				
Processor/ Manufacturer				
Wholesale/ Distributor				
Special Events/ Social Clubs				
Home-Delivery				

5) Are you currently licensed for all marijuana operations in which you are involved? Yes No
 If No, explain:

6) Do you have any temporary or pending licenses? Yes No
 If Yes, provide your state license application.

7) Have any license requirements been waived by the State or Municipality? Yes No
 If Yes, explain:

8) If home delivery is indicated above, describe controls in place:

SECTION II – OPERATIONS INFORMATION

9) Complete the following table with your sales information:

ANNUAL SALES	PREVIOUS 12 MONTHS	PROJECTED NEXT 12 MONTHS
Recreational Product Sales	\$	\$
Medical Marijuana Product Sales	\$	\$
Sales from vaporizing devices including room vaporizers and vapor pens	\$	\$
Sales of other goods (e.g. CBD, Non-THC containing Hemp goods for ingestion or external use, paraphernalia, etc.)	\$	\$
Total Sales (All Products and Services)	\$	\$

10) Complete the following with percentage of gross sales by operation:

Retailer/ Dispensary/ Delivery	%
Cultivator/ Grower	%
Processor/ Manufacturer	%
Wholesaler/ Distributor	%
Special Events	%
Other:	%
All Operations Should	=100%

11) If your operations are cultivation, growing, processing or manufacturing, complete the following with the percentage of gross sales by product type:

N/A

Recreational marijuana (bud, leaf, flower or trim)	%
Recreational	%
Infused recreational marijuana – edibles	%
Infused recreational marijuana – other than edibles	%
Recreational marijuana concentrates or oils	%
Vaporizer devices (not including cartridges or accessories)	%
Medical marijuana (including infused products)	%
Cannabis products without THC or active cannabinoids	%
Other:	%
All Products Should	=100%

12) Have you recalled any products in the past five years?

Yes No

If Yes, advise whether the recall was government ordered or voluntary?

Provide details of the product and the reason for the recall:

13) Describe the type of area in which the applicant's business is located (check all that apply):

Type of Area	Yes / No	Please Describe
Commercial		
Industrial		
Agricultural		
Residential		
Other:		

14) If residential is indicated above, answer the following questions:

a) Describe the type of residential structure or space located on the premises:

b) Describe who resides in the residential structure:

c) Is the residential structure connected to or detached from the insured's marijuana operations? Yes No

d) Is there a Homeowners policy in place for the residential structure or space? Yes No
If Yes, provide a copy of the Declarations page, and if No, provide an explanation:

18) Is the nature of the business advertised on the outside of the building(s)? Yes No
If Yes, describe:

19) Does the applicant occupy the entire building? Yes No
If No, describe the operations of the other occupants:

20) Are there any firearms allowed on the premises? Yes No
If Yes, are the firearms limited to third-party contracted security firms? Yes No

21) 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? Yes No
If No, provide an explanation:

22) Is security provided by an independent security guard service? Yes No
If Yes, answer the following questions:

a) Do you execute a written contract with the service? Yes No
If Yes, provide a copy of the contract.

b) Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? Yes No

c) Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained? Yes No

d) Are you added as an additional insured on their policy? Yes No

SECTION III-RETAIL OPERATIONS

N/A

Complete this section only if you have retail operations.

23) Is any on-site consumption of marijuana or marijuana containing products permitted? Yes No

24) Do you allow any BYO (Bring Your Own) consumption on-site? Yes No
If Yes, describe controls in place for on-site consumption:

25) Are any physicians or other medical professionals employed or contracted? Yes No
If Yes, describe:

26) Do you sell products unrelated to marijuana, marijuana smoking, or marijuana vaping (i.e. alcohol or tobacco)? Yes No
If Yes, describe other products sold:

27) Are any products sold on-line? Yes No
If Yes, describe products sold on-line:

28) Are customers able to obtain products from a drive-thru? Yes No

29) Are any products for sale imported from outside the United States? Yes No
If Yes, describe which products and what the countries of origin are:

SECTION IV - CULTIVATION/ GROWING AND PROCESSING/MANUFACTURING

Complete this section if you are cultivating, growing, processing or manufacturing.

N/A

30) Where are marijuana cultivation operations located? (Check all that apply)

Indoor	<input type="checkbox"/>
Outdoor	<input type="checkbox"/>
Greenhouse-enclosed	<input type="checkbox"/>
Greenhouse-open	<input type="checkbox"/>

31) Does the applicant apply their own pesticides? Yes No

If No, answer the following questions:

a) Do you execute a written contract with the pesticide service? Yes No
If Yes, provide a copy of the contract.

b) Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? Yes No

c) Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained? Yes No

d) Are you added as an additional insured on their policy? Yes No

32) Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? Yes No

If Yes, answer the following questions:

a) What extraction or manufacturing method will the applicant use?

b) Are any of the products (e.g. oils, waxes, shatter, hash, etc.) intended for use in vaporizing devices? Yes No
 If Yes, list products:

c) Do any products, ingredients, or components originate from outside of the United States? Yes No
 If Yes, specify what products are imported and the country or countries of origin:

33) Are imported products and components tested for contamination? Yes No

34) Do you verify that tests match what was ordered? Yes No

35) Does the insured use a third-party testing lab to test their marijuana and marijuana containing products? Yes No
 If Yes, answer the following questions:

a) Do you execute a written contract with the service? Yes No
 If Yes, provide a copy of the contract.

b) Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? Yes No

c) Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained? Yes No

d) Are you added as an additional insured on their policy? Yes No

36) Do all testing reports received from laboratories indicate the following (please check all that apply):

Products are not contaminated with pesticides	<input type="checkbox"/>
Products are not contaminated by bacteria	<input type="checkbox"/>
Products are not contaminated by mold/ fungus	<input type="checkbox"/>
Products are not contaminated by mycotoxins	<input type="checkbox"/>
Products are not contaminated by heavy metals	<input type="checkbox"/>
Products are not contaminated by residual solvents	<input type="checkbox"/>

37) Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to distributors, infused product manufacturers) before testing reports testing reports are received back from third-party testing laboratories confirming products are free from any contaminants? Yes No
 If Yes, explain:

SECTION V – LOSS HISTORY AND KNOWN EVENTS

38) Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years? Yes No
 If Yes, provide details:

39) 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 has not been disclosed above? Yes No
 If Yes, describe:

SECTION VI – CURRENT AND DESIRED COVERAGE

41) Complete the following as respects your most recent coverage for the past 5 years:

Carrier	Limit	Deductible/SIR Amount	Rate	Premium	Occurrence or Claims Made

42) Are you requesting hired and non-owned auto coverage?* Yes No
If Yes, provide a completed hired and non-owned auto supplemental application.

*Note hired and non-owned auto coverage is not available for companies that provide delivery services.

SECTION VII – REQUIRED DOCUMENTS

Please provide the following:

- 1) Copy of current license(s) if currently licensed
- 2) Application for license if not currently licensed
- 3) Five years of currently valued loss runs

Fraud Notices

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 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 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 belief that it will be presented, 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 of 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.

Applicable in all other States: 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.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

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 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:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.