



RECREATIONAL MARIJUANA RETAILER 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

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

Retail location address(es):

Location 1:

Location 2:

Location 3:

State license holder & license number:

Years in business:

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

OPERATIONS

1. Description of operations, services and products sold:

2. Hours of Operation:

3. Is anyone under the legal age for purchasing recreational marijuana permitted in the store? Yes No

4. Description of procedures used to verify customers may legally purchase recreational marijuana:

PRODUCTS AND SERVICES

1. Annual sales:		Total Gross Sales
Upcoming Year (Estimate)	<input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>
Current Year	<input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>
First Prior Year	<input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>

2. Percentage of gross sales:

Recreational marijuana	%
Recreational marijuana concentrates	%
Recreational marijuana-infused products - edibles	%
Recreational marijuana-infused products - other than edibles	%
Medical marijuana and medical marijuana products	%
Electronic cigarettes	%
E-liquid	%
Other (Attach Description)	%
All Products and Services	= 100%

3. Do you obtain a Certificate of Insurance from all suppliers of marijuana, marijuana concentrates and marijuana-infused products:
- a. To confirm Commercial General Liability insurance and/or Product Liability insurance? Yes No
 - b. To confirm Additional Insured-Vendors coverage under that insurance? Yes No
4. Do you obtain a Certificate of Insurance from all suppliers of products **other than** marijuana, marijuana concentrates and marijuana-infused products:
- a. To confirm Commercial General Liability insurance and/or Product Liability insurance? Yes No
 - b. To confirm Additional Insured – Vendors coverage under that insurance? Yes No

5. Description of products (including packaging) you alter in any way:

6. Description of products sold under your label or produced based on specifications developed by you or on your behalf:

7. Description of products you import directly from a foreign supplier:

PREMISES

1. Description of premises security during and after business hours (check all that apply):

- Door identification checker
- Independent security guard service
- 24/7 exterior and interior cameras
- Off-duty police

Central station alarm

Gates

Bars

Other:

2. Are firearms permitted on premises at any time? Yes No

3. Are dogs permitted on premises at any time? Yes No

4. If security is provided by an independent security guard service:

a. Please list the independent security guard service's name and street address:

b. Do you execute a written contract with the independent security guard service? Yes No

c. Does the contract require the independent security guard service to defend and indemnify you to the fullest extent permitted by law? Yes No

d. Does the contract require the independent security guard service to maintain Commercial General Liability insurance with limits of insurance equal to or greater than \$1,000,000 each occurrence / \$1,000,000 aggregate, and include you as an Additional Insured? Yes No

e. Do you obtain a Certificate of Insurance to confirm the independent security guard service is in compliance with your contract? Yes No

PRODUCT RECALLS

1. 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 describe:

LEGAL/REGULATORY

1. Have you been cited or fined by a regulatory agency for licensing violations in the past five years? Yes No

2. Have you or your owners or officers been convicted of any felony or misdemeanor in the past five years? Yes No

LOSS HISTORY AND KNOWN EVENTS

1. 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, please attach an explanation.

2. Are you aware of any 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? Yes No

If yes, please attach an explanation.

CURRENT AND DESIRED COVERAGE

Current Carrier: Limits: Deductible/SIR:

Rate: Premium:

Coverage Form: Occurrence Claims-Made Retro Date:

Is current carrier offering renewal? Yes No

Desired Limits: Deductible/SIR:

REQUIRED DOCUMENTS

Please attach the following:

1. Copy of current license
2. Complete products list or menu

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: