



MARIJUANA LIABILITY APPLICATION

SECTION I – BUSINESS INFORMATION

Applicant Name:

Mailing Address:

Location Address:

Proposed Effective Date:

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.

1) Applicant is:

Individual

Joint Venture

LLC

Corporation

Partnership

Other – Specify:

2) Years in business:

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

3) Website Address:

4) Have you engaged in this or similar business operations under a different name?

Yes No

If Yes, please list the entity and operations:

5) Is the applicant a member of any cannabis, CBD, or Hemp Trade association?

Yes No

If Yes, please indicate the trade association by indicating with an "X" in the table below:

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

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

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

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

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

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

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

SECTION II – OPERATIONS INFORMATION

11) Please 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)	\$	\$

12) Please 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%

13) If your operations are cultivation, growing, processing or manufacturing, please 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 (please describe):	%
All Products should	=100%

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

Yes No

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

Please provide details of the product and the reason for the recall:

15) Please 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 (Please describe):		

- 16) If residential is indicated above, please answer the following questions:
- a) Please describe the type of residential structure or space located on the premises:

 - b) Please describe who resides in the residential structure:

 - c) Is the residential structure connected to or detached from the insured's marijuana operations?

 - d) Is there a Homeowners policy in place for the residential structure or space? Yes No
 If Yes, please provide a copy of the Declarations page, and if No, please provide an explanation:
- 17) Is the nature of the business advertised on the outside of the building(s)? Yes No
 If Yes, please describe:
- 18) Does the applicant occupy the entire building? Yes No
 If No, please describe the operations of the other occupants:
- 19) Are there any firearms allowed on the premises? Yes No
 If yes, are the firearms limited to third-party contracted security firms? Yes No
- 20) 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, please provide an explanation:
- 21) Is security provided by an independent security guard service? Yes No
 If Yes, please answer the following questions:
- a) Do you execute a written contract with the service? Yes No
 If Yes, please 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

Please complete this section only if you have retail operations.

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

- 23) Do you allow any BYO (Bring Your Own) consumption on-site? Yes No
 If Yes, please describe controls in place for on-site consumption:
- 24) Are any physicians or other medical professionals employed or contracted? Yes No
 If Yes, please describe:
- 25) Do you sell products unrelated to marijuana, marijuana smoking, or marijuana vaping (i.e. alcohol or tobacco)? Yes No
 If Yes, please describe other products sold:
- 26) Are any products sold on-line? Yes No
 If Yes, please describe products sold on-line:
- 27) Are customers able to obtain products from a drive-thru? Yes No
- 28) Are any products for sale imported from outside the United States? Yes No
 If Yes, please describe which products and what the countries of origin are:

SECTION IV-CULTIVATION/ GROWING AND PROCESSING/ MANUFACTURING N/A

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

29) 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"/>

- 30) Does the applicant apply their own pesticides? Yes No
 If No, please answer the following questions:
- a) Do you execute a written contract with the pesticide service? Yes No
 If Yes, please 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

- 31) Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? Yes No
 If Yes, please answer the following questions:
- a) What extraction or manufacturing method will the applicant use? Yes No
- b) Are any of the products (e.g. oils, waxes, shatter, hash, etc.) intended for use in vaporizing devices? Yes No
 If Yes, please list products:
- c) Do any products, ingredients, or components originate from outside of the United States? Yes No
 If Yes, please specify what products are imported and the country or countries of origin:
- 32) Are imported products and components tested for contamination? Yes No
- 33) Do you verify that tests match what was ordered? Yes No
- 34) Does the insured use a third-party testing lab to test their marijuana and marijuana containing products? Yes No
 If Yes, please answer the following questions:
- a) Do you execute a written contract with the service? Yes No
 If yes, please 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
- 35) Do all testing reports received from laboratories indicate the following (please check all that apply):
- | | |
|--|--|
| Products are not contaminated with pesticides | |
| Products are not contaminated by bacteria | |
| Products are not contaminated by mold/ fungus | |
| Products are not contaminated by mycotoxins | |
| Products are not contaminated by heavy metals | |
| Products are not contaminated by residual solvents | |
- 36) 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, please explain:

SECTION V – LOSS HISTORY AND KNOWN EVENTS

37) 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 provide details:

38) 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, please describe:

SECTION VI – CURRENT AND DESIRED COVERAGE

39) Please 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

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

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.

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.