



INSTRUCTIONS: 1. All applicants must complete the relevant sections of this application in accordance with the specific coverage being requested.
ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION: License to operate (if pending, submit upon approval and receipt)
Security procedures plan
Attach loss runs
Signed NKLL if loss runs are unavailable

SECTION 1 - GENERAL INFORMATION

Applicant Name: DBA:
Address: City: State: ZIP Code:
Website: Phone: Email:
Inspection Contact (email and phone number): Year business started:
Type of enterprise (check all that apply): Individual Corporation Partnership LLC Joint Venture For-Profit
Is the applicant a member of any cannabis/marijuana trade associations?
What experience does the applicant have in operating a cannabis business and/or managing a commercial business?
Description of product use (check all that apply): Recreational Medicinal CBD/Hemp
Business operations (check all that apply): Grower/Cultivator Processor Manufacturer
Wholesaler Testing Lab Medical (dispensary)
Recreational (retail) Building Owner School
CBD Store Other (describe):
List of subsidiaries and their operations:
Is the applicant in compliance with all local and state laws regarding the growth, manufacture, and control and dispensing of cannabis or products containing cannabis? Yes No

FINANCIAL INFORMATION: List sales by category for the last 12 months and projected sales for the next 12 months.

Table with 3 columns: Retail/Dispensary, Last 12 Months, Next 12 Months. Values are in dollars (\$).

SECTION 2 - INSURANCE INFORMATION (Indicate desired coverages below and complete relevant portions of this application)

COVERAGES: Commercial Property Commercial General Liability (Excluding Products) Products Liability

SECTION 3 - PREMISES INFORMATION (For multiple locations/buildings, complete the Additional Locations/Buildings Addendum)

Location/Building #:
1. Description of business operation(s) at this location: Cultivation/Growing Processor of Marijuana Manufacturer of Marijuana-Containing Products Recreational Marijuana (Retail Shop)
Describe the type of crime area where the applicant's premises is located: Low Moderate High
Describe the area where the business is located: Commercial Industrial Agricultural Residential
2. Hours of operation:
3. Square footage of building occupied by the applicant:
4. Does the applicant occupy the entire building? Yes No If "No," are there connecting doors to adjacent units? Yes No
5. Is the nature of the business advertised on the outside of the building? Yes No
6. Does anyone live on the premises? Yes No If "Yes," describe the occupancy:
7. Are there any animals on the premises? Yes No If "Yes," describe:
8. Which of the following security measure are utilized? Check all that apply.
Central Station Burglar Alarm Exterior Video Cameras Interior Video Cameras Interior Motion Detectors Gated Windows
Security Guards - Armed Security Guards - Unarmed Door Greeter/ID Checker Gated Doors
Hold-Up Button/Panic Button Safe or Vault Fencing Buzz-In System
9. Are all security measures fully operational during non-business hours? Yes No
10. Are there any traps that are used for security at the premises? Yes No

11. If guards or greeters are used, are they employees? Yes No
If "No," do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name the applicant as an additional insured? Yes No
12. Does the applicant get certificates of insurance evidencing limits of insurance coverage and additional insured status for the applicant? Yes No
What limits do the applicant require the independent contractors to carry? _____
13. Are there any firearms on the premises (including any firearms carried by security guards)? Yes No
If "Yes," describe: _____
14. Does the applicant have a written plan or manual describing security procedures, including what to do in the event of a robbery or other crime? Yes No
15. Are employees instructed to cooperate and obey the robber's instructions and not to resist? Yes No
16. Is there any cannabis or cannabis product consumption allowed on the premises? Yes No
If "Yes," provide details: _____

SECTION 4 – OPERATIONS (Provide the following information on a gross receipts basis unless indicated)

	Previous 12 Months	Projected Next 12 Months
Medical marijuana (e.g. leaves, bud, flower, and trim)	\$	\$
Infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)	\$	\$
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)	\$	\$
Medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens	\$	\$
Medical marijuana concentrates not intended for use in vaporizing devices	\$	\$
Total Medical Marijuana & Medical Marijuana-Containing Products:	\$	\$
Recreational marijuana (e.g. leaves, bud, flower, and trim)	\$	\$
Infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)	\$	\$
Topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)	\$	\$
Medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens	\$	\$
Medical marijuana concentrates not intended for use in vaporizing devices	\$	\$
Total Recreational Marijuana & Medical Marijuana-Containing Products:	\$	\$
Non-THC containing lotions, creams, salves, and oils	\$	\$
Non-THC containing edibles (e.g. candies, chocolates, etc.)	\$	\$
Non-THC containing nutritional supplements	\$	\$
Other: _____	\$	\$
Total CBD Products:	\$	\$
Vaporizing devices, including room vaporizers and vapor pens	\$	\$
Smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)	\$	\$
Sales of other goods (e.g. hemp clothing, non-THC containing hemp protein, non-THC containing hemp-based lotions or oils, etc.)	\$	\$
Sales of nutritional supplements	\$	\$
Other: _____	\$	\$
Total Revenues (all products and services):	\$	\$
Total Number of Patient Contacts:		
Total Payroll:	\$	\$

SECTION 5 – PROPERTY COVERAGE (For multiple locations/buildings, complete the Additional Locations/Buildings Addendum)

- Location/Building #:** /
1. How many buildings/structures at this location: _____
 2. Physical Address: _____
Subject of Insurance Amount: _____ Deductible: _____
 3. Is this location open and fully operational? Yes No If "No," when will it be open and fully operational? _____
 4. What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)
 Retail Dispensary Lab Delivery Other (describe): _____
 5. Is oil extraction done at this location? Yes No If "Yes," what method is used (CO2, Butane, Propane, etc.): _____

BUILDING INFORMATION:			
Year built:	Square footage:	For buildings over 20 years of age, list the year updated:	Roof <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/>
Number of stories:	Protection class:	Fire sprinklers? If "Yes," what percent of building?	<input type="checkbox"/> Yes <input type="checkbox"/> No %
Distance to hydrant:	Distance to fire station:	Building owned by applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete RENOVATIONS below.
Construction type (frame, masonry, glass, etc.):			

RENOVATION DETAILS (complete if applicant owns the building):		
Is building currently undergoing repairs, construction, renovations, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total estimated value of the renovations:	In what stage are the current renovations?	Expected completion date?
Is there currently a builder's risk policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide certificate.		

PROPERTY INFORMATION:

6. Is there an approved safe or vault on premises meeting the minimum requirements below? If "Yes," complete SAFE/VAULT DETAILS below. Yes No
SAFE/VAULT DETAILS: (minimum requirements: 800 lbs. with 1-hour fire rating, under 2,000 lbs. must be bolted to the ground)
 Does applicant use the safe/vault to store finished stock? Yes No
7. Is there a vacuum oven, centrifuge, distillation column, and/or rotary evaporator in the building? Yes No
 If "Yes," provide manufacturer, model number, replacement cost, and motor's HP for each:
8. Is there an electrical back-up system? Yes No

PROPERTY COVERAGE LIMITS for the location listed above:

Building Coverage	\$	<input type="checkbox"/> Triple Net Lease
Loss of Income	\$ # of Months Covered:	
Business Personal Property	\$	<input type="checkbox"/> Applicant Owns Building
Property in Transit (transported via applicant's owned or leased vehicles)	\$	<p>*Completed Stock is defined as manufactured products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.</p> <p>**Goods in Process is defined as cannabis buds and flowers that have been harvested and are in the curing phase of production. No stock, crop, or growing plants fall under this category.</p>
Deductible	\$	
Tenants Improvements	\$	
Completed Stock*	\$	
Goods in Process**	\$	
	\$	

SECTION 6 – LIABILITY COVERAGE (Complete all applicable sections)

General Aggregate:	\$	Each Occurrence:	\$
Products & Completed Operations Aggregate:	\$	Damage To Rented Premises (each occurrence):	\$
Personal & Advertising Injury:	\$	Medical Expense (any one person):	\$

PREMISES LIABILITY: OCCURRENCE CLAIMS MADE*

Proposed Retroactive Date:	Entry Date Into Uninterrupted Claims Made Coverage:
Has any product, work, or location been excluded, uninsured, or self-insured from any previous coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was tail coverage purchased under any previous policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of any incidents that could give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If CLAIMS MADE is selected, provide a copy of your current declaration page.

PRODUCTS LIABILITY: (CLAIMS MADE ONLY*)

Proposed Retroactive Date:	Entry Date Into Uninterrupted Claims Made Coverage:
Has any product, work, or location been excluded, uninsured, or self-insured from any previous coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was tail coverage purchased under any previous policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of any incidents that could give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Provide a copy of your current declaration page.

SECTION 7 – DISPENSARY/RETAIL INFORMATION

1. Are there any employed professional(s) (e.g. physicians or pharmacists)? Yes No
 If "Yes," do the employed professional(s) carry their own separate professional liability insurance? Yes No
2. How much inventory is displayed to customers? 0-5% 6-10% 11-25% Greater than 25%
3. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana-containing products dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, and the date and time dispensed? Yes No
4. Does applicant grow medical or recreational marijuana, or any other cannabis plants on premises? Yes No
5. Are any marijuana-containing products manufactured, mixed, labeled, or relabeled by the applicant, including marijuana-infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? Yes No
6. Do any products, ingredients, or components originate from outside of the United States? Yes No
 If "Yes": a. Specify what products are imported and the countries of origin: _____
 b. Are imported products and components tested for contamination and verification that they match what was ordered? Yes No
7. For products that applicant does not produce or manufacture, does applicant obtain Certificate of Insurance (COIs) evidencing product coverage and additional insured status from all US-based manufacturers or suppliers? Yes No
8. Does the applicant use a third party testing laboratory to test their marijuana and marijuana-containing products? Yes No
 If "Yes," do all testing reports received from this laboratory indicate the following? 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
 Cannabinoid profiles (e.g. THCA, delta8-THC, CBDA, CBD, CBG, CBN, etc.) Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
 Terpene profiles
 If "No," describe how the applicant ensures product purity: _____

APPLICANT SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Name (Print): _____

Producer Name (Print): _____

Applicant Signature: _____

Producer Signature: _____

Date: _____

Date: _____