



<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> All applicants must complete the relevant sections of this application in accordance with the specific coverage being requested. Answer all questions completely. Attach extra sheets as required. Application must be signed and dated by the owner, partner, or officer no earlier than 90 days before the proposed effective date of coverage. Read the statements at the end of this application carefully. 	<p>ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION:</p> <ul style="list-style-type: none"> License to operate (if pending, submit upon approval and receipt) Security procedures plan Attach loss runs Signed NKLL if loss runs are unavailable
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SECTION 1 – GENERAL INFORMATION

Applicant Name: _____ DBA: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Website: _____ Phone: _____ Email: _____

SECTION 2 – PREMISES INFORMATION (Complete for each additional location/building)

Location/Building #: _____ / _____

- Description of business operation(s) at this location:
 Cultivation/Growing Processor of Marijuana Manufacturer of Marijuana-Containing Products Recreational Marijuana (Retail Shop)
 Medical Marijuana (Dispensary) Marijuana Testing Lab Other (describe): _____
 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
- Hours of operation: _____
- Square footage of building occupied by the applicant: _____
- Does the applicant occupy the entire building? Yes No If "No," are there connecting doors to adjacent units? Yes No
 If "Yes," how are the connecting doors secured (e.g. deadbolts, alarms, etc.)? _____
- Is the nature of the business advertised on the outside of the building? Yes No
- Does anyone live on the premises? Yes No If "Yes," describe the occupancy: _____
- Are there any animals on the premises? Yes No If "Yes," describe: _____
- 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
- Are all security measures fully operational during non-business hours? Yes No
 If "No," specify which ones are not fully operational: _____
- Are there any traps that are used for security at the premises? Yes No
 If "Yes," provide details: _____
- 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
- 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? _____
- Are there any firearms on the premises (including any firearms carried by security guards)? Yes No
 If "Yes," describe: _____
- 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
- Are employees instructed to cooperate and obey the robber's instructions and not to resist? Yes No
- Is there any cannabis or cannabis product consumption allowed on the premises? Yes No
 If "Yes," provide details: _____

SECTION 3 – PROPERTY COVERAGE (Complete for each additional location/building)

Location/Building #: _____ / _____

- How many buildings/structures at this location: _____
- Physical Address: _____
 Subject of Insurance Amount: _____ Deductible: _____
- Is this location open and fully operational? Yes No If "No," when will it be open and fully operational? _____
- What are the operations at this building only: Manufacturer Processor Indoor Grow Outdoor Grow (no structure)
 Retail Dispensary Lab Delivery Other (describe): _____
- 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	Plumbing
Number of stories:	Protection class:		Electrical	HVAC
Distance to hydrant:	Distance to fire station:	Fire sprinklers? If "Yes," what percent of building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction type (frame, masonry, glass, etc.):		Building owned by applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," complete RENOVATIONS below.				

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 <input type="checkbox"/> Applicant Owns Building * 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. ** 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.
Loss of Income	\$ # of Months Covered:	
Business Personal Property	\$	
Property in Transit (transported via applicant's owned or leased vehicles)	\$	
Deductible	\$	
Tenants Improvements	\$	
Completed Stock*	\$	
Goods in Process**	\$	

Deductible	\$
Tenants Improvements	\$
Completed Stock*	\$
Goods in Process**	\$

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: _____