

I. General Information

Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email Address: _____

Business operated as: Corporation Partnership Individual Independent Contractor

How long in business? _____ Do all professionals have licenses? Yes No

Applicant tax status is For Profit Nonprofit Director of Operations: _____

Do you have operations not listed on the schedule? Yes No if yes, provide details: _____

Do you have insurance for these operations? Yes No Name of insurance company: _____

Is the Applicant a "Covered Entity" under HIPAA? Yes No If yes,

Has the Applicant implemented procedures to comply with the HIPAA Privacy Rules? Yes No

Provide the percentage of services rendered:

Mail Order _____%

Retail _____%

Wholesale _____%

Other: _____ _____%

Total 100%

Does the Applicant dispense any drugs that are:

a. Imported from outside the United states of America? Yes No

If Yes, Provide details: _____

b. Not FDA approved? Yes No

If Yes, provide details: _____

Does the Applicant have any operations outside the USA? Yes No

If Yes, provide details: _____

Are all marijuana recommendations authorized by a physician licensed in the state where services are rendered? Yes No

If No, provide details: _____

Complete the following for each of the Applicants locations.

Business Address #1 & DBA: _____

Description of Operations: _____ Square Feet: _____

Business Address #2 & DBA: _____

Description of Operations: _____ Square Feet: _____

Business Address #3 & DBA: _____

Description of Operations: _____ Square Feet: _____

Is the Applicant in compliance with all local, state and federal laws that govern the manufacture, control, dispensing and distribution of prescription drugs? ☐ Yes ☐ No

If No, provide details: _____

Number of prescriptions filled during the last twelve (12) months: _____

<u>Annual Gross Receipts</u>	<u>Last 12 Months</u>	<u>Next 12 Months</u>
Grow:	\$ _____	\$ _____
Retail Sales:	\$ _____	\$ _____
Wholesaler of MMJ Products:	\$ _____	\$ _____
Total:	\$ _____	\$ _____

II. License Information

Provide the following information for all states in which the Applicant operates:

State License No. Effective Date Expiration Date Active (Yes/No)

Federal DEA License Number and Status: _____

III. Professional Services

Does the Applicant:

a. Provide mail order services? ☐ Yes ☐ No

If Yes, provide details of safety controls used to assure a licensed physician has authorized prescriptions: _____

Does the Applicant grow, blend or prepare for use medical marijuana and/or herbal medicinal remedies? ☐ Yes ☐ No

Does the Applicant check that all purchasers of marijuana and marijuana containing products have a valid Medical Marijuana User Identification Card for the location in which the Applicant is operating? ☐ Yes ☐ No

a. If Yes, does the Applicant require that the identification card be shown before dispensing? ☐ Yes ☐ No

Does the Applicant use:

a. Employed identification checkers? If yes number employed _____ ☐ Yes ☐ No

b. Contracted identification checkers? If yes number employed _____ ☐ Yes ☐ No

If Yes to a or b, are they required to carry Professional Liability Insurance and be named as an additional insured? ☐ Yes ☐ No

If Yes to a or b, are they required to carry General Liability Insurance and be named as an additional insured? ☐ Yes ☐ No

c. Employed security guards? If yes number employed _____ ☐ Yes ☐ No

If Yes, do they carry firearms? ☐ Yes ☐ No

d. Contracted security guards? If yes number employed _____ ☐ Yes ☐ No

If Yes, Do they carry firearms? ☐ Yes ☐ No

If Yes, are they required to carry Professional Liability Insurance and be named as an additional insured? ☐ Yes ☐ No

If Yes, are they required to carry General Liability Insurance and be named as an additional insured? ☐ Yes ☐ No

During business hours, is all marijuana and marijuana containing products inventory, other than that on display, kept in a locked safe? ☐ Yes ☐ No

Does the Applicant maintain written records of all marijuana and marijuana containing products, including the purchase date, type of product and purchase price? ☐ Yes ☐ No

Does the Applicant occupy the entire building? ☐ Yes ☐ No

NOTES:

NOTE: COMPLETE THIS PAGE FOR EACH LOCATION TO BE INSURED

Location # _____

IV. Property Section

Age of building _____ Construction: _____ Number of Stories _____

If the building is over 20 years old when were the following upgraded?

Roof: _____ Plumbing: _____ Wiring: _____ Sprinklers: _____

Does Applicant have Central Station Alarm? ☐ Yes ☐ No If yes advise alarm provider: _____

Other occupancies in building? (Describe) _____

Adjoining Occupancies: Left: _____ Right: _____

Distance from Fire Station: _____ Distance from Fire Hydrant _____

Coverages Desired

Contents – Limit Needed	\$* Answer Below	Deductible \$2,500
Building – Limit Needed	\$	Deductible \$2,500 Triple Net Lease <input type="checkbox"/> Yes <input type="checkbox"/> No
Earnings – Limit Needed	\$	For What Period? _____ w/EE <input type="checkbox"/> Yes <input type="checkbox"/> No
Sign – Limit Needed	\$	Deductible \$100

Property Limits Desired

a. Medical Marijuana Products (finished stock, infused oils, edibles)	\$
b. Grow Equipment (including watering sys, lighting, computer sys, etc)	\$
c. On Business Personal Property (Contents)	\$
d. On Tennant's Interest in Improvements & Betterments to Building(s)	\$
Total of (a, b, c, d)	\$

Cargo Coverage (marijuana stock) ☐ Yes ☐ No

Cargo Coverage Form: \$2,500 Any One Loss; \$10,000 Annual Aggregate Stock/Inventory in Transit \$150 Deductible Applies

Windows

Number of Interior/Exterior Windows _____

How are all windows protected? ☐ Bars ☐ Roll Down Steel Doors ☐ Alarm ☐ Second Floor ☐ Other: _____

Is there a Central Station Holdup Alarm System Protecting Premises ☐ Yes ☐ No If Yes, Number of Buttons _____

Stock on Display

Number of Show Windows _____

How do you display your marijuana and marijuana products? _____

Do you display marijuana stock in showcases? ☐ Yes ☐ No

What percentage of total stock is on display during business hours? ____%

Location Security/Protection

Is the entrance to your premise protected by cage or double entrance, or man trap? ☐ Yes ☐ No

Are your premises monitored by Closed Circuit Television Camera? ☐ Yes ☐ No

Do you record and backup all video surveillance for 14 days? ☐ Yes ☐ No

Do you display stock in showcase? ☐ Yes ☐ No Is it equipped with working locks? ☐ Yes ☐ No

Safes and Vaults - Minimum safe requirements: 800lb with a 1 hour fire rating. All vaults must be pre-approved (ALL safes that are 2,000lbs or less must be bolted to the ground for theft to be covered)

Give full particulars of each Safe or Vault and Percent of stock in each when premise is closed.

<u>Weight</u>	<u>Fire Rating</u>	<u>Safe Manufacturer</u>	<u>Model or Serial Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

LOCATION #: _____

IF NO GROWING SKIP THIS PAGE

GROW OPERATION ONLY

How do you maintain a constant temperature in the facility? _____

How do you maintain a constant humidity in the facility? _____

How do you maintain proper ventilation in the facility? _____

Do you allow patients into the growing area? ☐ Yes ☐ No

Is there a back-up system for the electricity supply ☐ Yes ☐ No

Are there TV Monitors ☐ Yes ☐ No

What are the manned hours of the premises? From: _____ To: _____ Frequency of Staff Visits: _____

Do you use an automatic shut off valve for watering systems? ☐ Yes ☐ No

If yes please describe: _____

ALL Grow Operations: A Licensed Electrical contractor must provide a signed letter on their company's letterhead within five days of binding. It must state the following: "The electrical architecture of the premises is adequate for the applicants operations and that "contractor name" "contractor license number" has inspected the locations on this application.

Grow Operations (Check all that apply)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hydroponics	<input type="checkbox"/> Dirt	<input type="checkbox"/> Airopoics	<input type="checkbox"/> Other: _____

Laboratory Testing on 100% of all products ☐ Yes ☐ No (discounts may apply)

If yes Laboratory Name _____
Contact: _____ Phone: () - _____

	No. of plants/seeds	X	Per Plant Value =	Total Property Value
Seeds	# _____	X	\$ _____	\$ _____
Immature Seedlings	# _____	X	\$ _____	\$ _____
Vegetative Plants	# _____	X	\$ _____	\$ _____
Flowering Plants	# _____	X	\$ _____	\$ _____
Harvested Plant Material	# _____	X	\$ _____	\$ _____
Finished Stock	#lbs _____	X	\$ _____	\$ _____
TOTAL PROPERTY VALUE				\$ _____

Estimated number of harvests per year _____

Average yield of harvested marijuana per plant _____

Other conditions:

Underwriters may insert one or all of the following clauses in the policy, if issued:

- Deductible Clause; • Location Limitation; • Invalid Payments Clause (excluding losses due bad checks, credit cards, etc.);
- Protections Clause (alarms & safes must be maintained as per declaration in proposal); • Locked Showcase Warranty (if applicable for all retail risks with showcases); • Opening & Closing Warranty (if applicable for retail locations); • Survey Requirements Clause - survey requirements to be complied with in 30 days; • Service of Suit Clause (USA) (legal disputes may be brought against Underwriters in the U.S.); • Loss Settlement Clause: Losses to be settled at Wholesale Cost Price unless otherwise agreed

V. Claims History

NOTE: All questions must be answered. Failure to disclose claims history could invalidate coverage.
Has the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization ever:

1.

Been the subject of disciplinary or investigatory proceedings or reprimand by a licensing, administrative or governmental agency?
If Yes, provide details: _____

☐ Yes ☐ No
2.

Been convicted for an act committed in violation of any law or ordinance including traffic
If Yes, provide details: _____

☐ Yes ☐ No
3.

Been evaluated or treated for alcoholism or drug addiction or mental or emotional disorders?
If Yes, provide details: _____

☐ Yes ☐ No
4.

Has any application for similar insurance made on behalf of the Applicant and/or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary or affiliated organization thereof ever been declined, cancelled or no renewed?
If Yes, provide details: _____

☐ Yes ☐ No
5.

List any prior **General Liability Insurance** losses for each of the last five (5) years, including the current year:

6.

List any prior **Property Insurance** losses for each of the last five (5) years, including the current year:

7.

Do you currently have insurance coverage? ☐ Yes ☐ No If yes: _____

<u>Insurer</u>	<u>Policy #</u>	<u>Liability Limits</u>	<u>Premium</u>	<u>Expiration Date</u>
If claims made, most recent retroactive date: _____				

ADDITIONAL INSURED (i.e. Landlord, Lienholder:) - If Necessary, add other names on separate paper.	
NAME:	_____
ADDRESS:	_____
Relationship to your business:	_____

ADDITIONAL INSURED (i.e. Landlord, Lienholder:) - If Necessary, add other names on separate paper.	
NAME:	_____
ADDRESS:	_____
Relationship to your business:	_____

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING.
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN
ACCEPTED BY THE INSURANCE COMPANY**

Applicants Signature

Title

Date

Requested Liability Limit

- ☐ \$300,000
☐ \$500,000
☐ \$1,000,000
☐ \$1,000,000/\$2,000,000

Requested Effective Date

EXCESS COVERAGE REQUESTED

____ \$1,000,000 ____ \$2,000,000 ____ \$3,000,000 ____ \$4,000,000

ENDORSEMENTS OF LIABILITY AND PROPERTY COVERAGE

Property Enhancement \$15,000 BLANKET COVERAGE

☐ Yes ☐ No

- Covers – Money and Securities, Equipment Breakdown, Accounts Receivables, and Valuable Papers

Cargo / Transport \$2,500 PER ANY ONE LOSS \$10,000 PER POLICY TERM

☐ Yes ☐ No

- Covers the Insured's property and marijuana products while in transport

Included Forms: * when property coverage is added – NO additional charge to add

*Limited water damage to include back up of sewer & drains: up to \$25,000, or covered, whichever is lower

*Property of Others: \$10,000

*Glass Coverage