



**CANNABIS COMMERCIAL PACKAGE APPLICATION**

**General information**

Policy Effective Date \_\_\_\_\_

First Name Insured: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Is the business buying insurance for the first time?    Yes    No

If no, who is the incumbent carrier? (Optional) \_\_\_\_\_

If no, what is the premium of the expiring policy? (Optional) \_\_\_\_\_

**Business type**

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	LLC
<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Partnership		

Description of Operations (select multiple)			
<input type="checkbox"/>	Retailers & Dispensaries	<input type="checkbox"/>	Cultivators/Growers/Processors
<input type="checkbox"/>	Non Storefront Delivery to Home	<input type="checkbox"/>	Distributors & Transporters
<input type="checkbox"/>	Tobacco & Smoke Shops	<input type="checkbox"/>	Manufacturers
<input type="checkbox"/>	Testing Labs		

Product Contents	
<input type="checkbox"/>	Cannabis
<input type="checkbox"/>	Hemp/CBD
<input type="checkbox"/>	Cannabis and CBD/Hemp

Product Usage	
<input type="checkbox"/>	Adult Use / Recreational
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Medical and Adult Use / Recreational



**Additional Named Insureds**

Legal Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business type

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	LLC
<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Partnership		

**Application Questions (1)**

**GL – ALL**

1. Do any locations have security guards present?  Yes  No
2. Does (or will) the applicant hold an active license relative to their business operations, and comply with all state and local laws?  Yes  No
3. Is the insured a subsidiary for another entity for which coverage is not requested?  Yes  No  
Name of Parent Company \_\_\_\_\_  
Description of Operations \_\_\_\_\_
  - a. Are the parent company’s operations insured elsewhere?  Yes  No
4. Are any locations on tribal lands?  Yes  No
5. Do you or any vendors/security hired carry firearms at any location listed on the application?  Yes  No
6. Does the applicant/insured sell minor or synthetic cannabinoids like delta 8, spice, or similar products?  Yes  No
7. Does consumption occur on-site at any of the locations?  Yes  No
8. Has the applicant made any general liability claims in the past 3 years?  Yes  No
  - a. If "Yes", please attach General Liability Loss History
  - b. Are there any general liability claims that are still open?  Yes  No
    - i. If "Yes", please describe the nature of the general liability claim(s) and why it is still open  
\_\_\_\_\_



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**GL – CULTIVATORS**

9. Is the applicant aware of any past or current pesticide issues that would result in a loss or claim?  Yes  No

**GL – MANUFACTURERS**

10. Does the applicant have a maintenance agreement in place with a 3rd party?  Yes  No

**GL – Retailers & Dispensaries**

11. Does the venture have any products that are “white-labeled” and sold under their brand?  Yes  No

**GL – Retailers & Dispensaries / Non-Storefront Delivery to Home / Tobacco & Smoke Shops**

12. Do you buy products only from licensed manufacturers or distributors for resale in your stores?  Yes  No

**Products – ALL**

13. Is a GL retro date needed for Products & Completed Operations?  Yes  No

a. If yes, what is the retro date? \_\_\_\_\_

**Products – Retailers & Dispensaries / Non-Storefront Delivery to Home / Cultivators / Manufacturers / Distributors & Transporters**

14. Is the testing of products done by a licensed 3rd party?  Yes  No

**Products – Cultivators / Manufacturers / Distributors & Transporters**

15. Does the insured maintain records of passing test results for cannabis/CBD products sold?  Yes  No

**HNOA – ALL**

16. What is the total number of employees that are allowed to use applicant's vehicles or their own personal vehicles for business use or "errands" ? \_\_\_\_\_

17. Do any drivers have any of the below violations?  Yes  No

- Illegal possession of controlled (non-cannabis) substances within 5 years
- Leaving the scene of an accident or "hit and run"
- Vehicle theft
- Fleeing from or eluding police
- Illegal speed exhibition, side shows, or drag race
- Drivers with convictions for illegal possession of controlled (non-cannabis) substances within 5 years

18. Does the applicant require all drivers to provide proof of auto insurance or compliance with state financial responsibility law?  Yes  No

19. Does the applicant collect MVRs for all employed drivers?  Yes  No

20. Does the insured make any unnecessary stops during transportation?  Yes  No

**PROPERTY – ALL**

21. Has the applicant made any property claims in the past 3 years?  Yes  No

a. If "Yes", please attach Property Loss History

b. Are there any property claims that are still open?  Yes  No

i. If "Yes", please describe the nature of the property claim(s) and why it is still open

\_\_\_\_\_  
\_\_\_\_\_

22. Does the applicant keep accurate business inventory records and retain them for the duration of statute of limitations as set by their state?  Yes  No

**PROPERTY ENHANCEMENT**

23. Does the insured make any unnecessary stops during transportation?  Yes  No

24. Do operations include any towing or hauling for hire, livery, or rideshare?  Yes  No

**EQUIPMENT BREAKDOWN - PRIMARY**

25. Do you have diagnostic or laboratory equipment where any single piece of equipment has a value exceeding \$500,000?  Yes  No

26. Is the applicant off-grid and supplying their own power via generator?  Yes  No



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Please complete the following 3 pages for each building/location

Location Name \_\_\_\_\_  Check here if same as mailing address

Building Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Number of Stories? \_\_\_\_\_

Construction Type? \_\_\_\_\_

Year built \_\_\_\_\_

What type of roof does the building have? \_\_\_\_\_

Year roof was installed or last updated: \_\_\_\_\_

What operations occur at this location? (Select Multiple)

<input type="checkbox"/>	Retailers & Dispensaries	<input type="checkbox"/>	Cultivators/Growers/Processors
<input type="checkbox"/>	Non Storefront Delivery to Home	<input type="checkbox"/>	Distributors & Transporters
<input type="checkbox"/>	Tobacco & Smoke Shops	<input type="checkbox"/>	Manufacturers
<input type="checkbox"/>	Testing Labs	<input type="checkbox"/>	Office
<input type="checkbox"/>	Storage		

- Does this location do delivery to customers?  Yes  No
- If Cultivation - type?  Indoor  Outdoor
- If Manufacturer – type of extraction?  No Extraction  Non-Combustible  Combustible
- What are the total retail sales at this location? \$ \_\_\_\_\_
- What is the total square footage for retail and dispensary operations at this location? \_\_\_\_\_
- What is the total retail (non-storefront) sales at this location? \$ \_\_\_\_\_
- What are the total tobacco sales at this location? \$ \_\_\_\_\_
- What is the total square footage for tobacco/smoke shop operations at this location? \_\_\_\_\_
- What is the total cultivator/grower/processor sales at this location? \$ \_\_\_\_\_
- What is the total square footage for **indoor** cultivation operations at this location? \_\_\_\_\_
- What is the total acreage for **outdoor** cultivation operations at this location? \_\_\_\_\_
- What is the total distributor/transporter sales at this location? \$ \_\_\_\_\_
- What is the total square footage for distributor/transporter operations at this location? \_\_\_\_\_
- What are the total manufacturing sales at this location? \$ \_\_\_\_\_
- What is the total square footage for manufacturing operations at this location? \_\_\_\_\_
- What is the total square footage for office operations at this location? \_\_\_\_\_
- What is the total square footage for storage operations at this location? \_\_\_\_\_



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Application Questions (2)

GL – ALL

- 27. Does any person(s) live on the premises at this location?  Yes  No
  - a. Does this risk have a separate and active policy covering the residential exposure at this location? (homeowner/tenant/renter’s/etc.)  Yes  No
    - i. Is the home/residential area separate from the commercial operations?  Yes  No

GL – MANUFACTURERS

- 28. Will your operation include the extraction of cannabis oils or the manufacture of any concentrates?  Yes  No
  - a. If yes, what type of extraction methods will be used? (select all that apply):

<input type="checkbox"/>	Butane	<input type="checkbox"/>	Propane
<input type="checkbox"/>	Hexane	<input type="checkbox"/>	CO2
<input type="checkbox"/>	Water	<input type="checkbox"/>	Ethanol

- i. Is extraction performed using a closed-loop system only?  Yes  No
- ii. Is any extraction work subcontracted?  Yes  No
  - 1. If yes, does the applicant collect a certificate of insurance from each subcontractor/ extractor in favor of the applicant and with primary and non-contributory wording?  Yes  No
  - 2. Are all subcontractors required to carry GL limits greater or equal to the applicant/insured?  Yes  No

PROPERTY – ALL

- 1. Does the building have fully updated electrical, plumbing, heating and ventilation, and air conditioning (HVAC)?  Yes  No
- 2. What percentage of the building is sprinklered? \_\_\_\_\_
- 3. Are boilers used as the primary or secondary heating source?  Yes  No
  - a. If yes, Are the boilers insured elsewhere?  Yes  No

PROPERTY – CULTIVATORS

- 4. Are all lighting fixtures and apparatus used in accordance to its intended original design and UL listed?  Yes  No
  - a. If not, are any installations of additional equipment, such as LED Converters, performed by licensed contractors that provide certificates of insurance with additional insured wording in the favor of the applicant?  Yes  No
- 5. Is there a backup electrical supply?  Yes  No
- 6. Are any magnetic ballast being used?  Yes  No



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- 7. Are only LED lights used for cultivation operations at this location?  Yes  No
- 8. Is this building a greenhouse?  Yes  No
  - a. Are the greenhouses made of hard polycarbonate, acrylic or glass-clad polycarbonate with concrete foundations, metal support beams, secure access, central station burglar/fire alarm/motion detectors and cameras with no blind spots?  Yes  No

**PROPERTY – COMBUSTIBLE MANUFACTURERS**

- 9. Does the system have emergency relief valves to release accumulated pressure?  Yes  No
  - a. Are all emergency relief valves piped to the outside of the building?  Yes  No
- 10. Does the facility incorporate CO2 concentration monitors?  Yes  No



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**Product Selection**

**GENERAL LIABILITY**

General Liability Premises & Operations	_____
Medical payments	_____
Personal And Advertising Injury	_____
Damage To Premises Rented to You	_____
Products & Completed Operations - Claims Made and Reported	_____
Hired & Non-Owned Auto	_____
Employee Benefits Liability Coverage - Claims Made	_____

**PROPERTY**

Location Name	Bldg TIV	Tenant Improvements	Manufacturing Equipment	Indoor Grow Equip/Tools	Business Personal Property	Business Income Ext. Exp.	Finished Stock	Ded.

<b>Business Income Ext. Exp. Period of Restoration</b>		3 months		6 months		9 months		12 months
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Location Name	Building Ordinance A	Building Ordinance B	Building Ordinance C

Seeds	\$	Total value
Immature Seedlings	\$	Total value
Vegetative Plants	\$	Total value
Flowering Plants	\$	Total value
Mother Plants	\$	Total value
Harvested Plants	\$	Total value



**General Liability & Property Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

- The applicant-insured or principal has not filed for bankruptcy in the last 5 years.
- The applicant-insured has not had coverage cancelled in the past five years.
- The applicant-insured, or any principal owner or officer, has not had a criminal conviction of any kind.
- The applicant-insured has 24/7 active video surveillance systems that are backed up daily, retained for a minimum of 14 days, and meet the following criteria:
  - 1) Interior Cameras monitor:
    - a) All doors and windows providing a means of egress into the building
    - b) Display counters, if applicable to operations
    - c) Exterior and interior of safe rooms, if on the premises
    - d) Exterior and interior of all vault rooms, if on the premises
    - e) Harvesting and trimming rooms, if on the premises and applicable to operations
  - 2) Exterior Cameras monitor all means of egress to the building and the parking lot unless City Ordinances or laws prohibit monitoring of the premises.
- In all locations that the applicant-insured is not a full occupant, there are always connecting doors to the other occupants that are fire doors with bolted locks and alarmed.
- All operations are properly licensed in their state and local jurisdictions.
- Applicant-insured does not sell CBD or cannabis (if applicable) products outside of the state it's licensed to operate in, (or sell CBD to states where CBD sales are prohibited).
- The applicant-insured's employee termination procedures include access control revocation.
- Applicant-insured collects certificates of insurance naming applicant-insured as the additional applicant-insured, from all vendors and contractors that perform work for the applicant-insured or whom the applicant-insured works with.
- All buildings at scheduled locations are included in the application.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No



**General Liability/Product Claims Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY FOR GENERAL LIABILITY/PRODUCTS LIABILITY WITHIN THE LAST 5 YEARS, OR IF A NEW VENTURE, SINCE VENTURE FORMATION.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No

**Property Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

- If the below requirements are not met, Fire and Theft losses of property may be excluded:
  - 1) All buildings have a central station burglar/fire alarm that:
    - a) Is in the "on" position 24/7, including during all non-working hours and/or whenever the insured's premises are unoccupied, and;
    - b) Is connected to all openings (windows/doors), and;
    - c) Is connected to a central station burglar/fire alarm reporting agency or public fire alarm station, and;
    - d) Has motion detectors in all areas, with the exception of living plant areas (indoor cultivation only).
  - 2) Seeds, finished cannabis stock/inventory, and/or money and securities are kept inside the safe during non-business hours.
  - 3) The safe or vault has a 1-hour fire rating
- For Finished Stock and/or Business Personal Property, all finished stock and "Harvested Plant Material" other than Hemp is kept in a locked safe or a vault room during business and non-business hours, except for "Cannabis Inventory" on display during business hours, that meet the following conditions. If these requirements are not met, theft coverage for Finished Stock is excluded in its entirety:
  - 1) A safe that meets the following requirements:
    - a) A 1-hour fire rating, and;
    - b) A weight of 550 lbs or more, and;
    - c) For safes under 2000 lbs, the safe is bolted to the floor
  - 2) A metal shipping container is considered to be a safe if the container doors and walls have a fire rating of one hour or greater.
  - 3) A built-in vault that meets the following requirements:
    - 1. Has doors and walls have a one hour, or greater, fire rating, and;
    - 2. If a drywall vault, has metal doors and wire Barrier Mesh (heavy-gauge steel mesh installed typically onto stud framing) installed.
  - 4) DEA Cages will be accepted that meet following criteria:
    - a) Has self-closing, self-locking doors, and;
    - b) Has wall & ceiling panels constructed of 10-gauge wire, and;
    - c) Has steel support posts that are 2" square, and;
    - d) Has posts that have welded on base plates for lagging to the floor, and;
    - e) Has posts that are set no more than ten feet apart, and;
    - f) Has walls that have minimum 1-1/2" horizontal reinforcement at every 60 inches.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No



**Property Claims Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY FOR PROPERTY WITHIN THE LAST 5 YEARS, OR IF A NEW VENTURE, SINCE VENTURE FORMATION.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No

**Property Enhancement Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

- The applicant confirms that no marijuana and/or cannabis products are delivered directly to the consumer.
- Vehicles that transport the applicant's property and/or money and securities from the scheduled premises have an active alarm system with LoJack or other tracking services.
- Drivers are not allowed to take any cannabis inventory and/or money home.
- Applicant has boxes that are bolted to each vehicle that transports property and/or money and securities.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No

**General Liability Cultivators/Growers/Processors Attestation**

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

- If outdoor, the fencing around the grow/cultivation encloses the perimeter of applicant's property with all gates at entrances of the property locked when not in use and If barbwire, razor wire or electrical fencing are used, there signs on the property warning of danger/injury.
- If the applicant does not apply their own pest prevention, they obtain a copy of the contractor's certificate of insurance in favor of the applicant before any work begins.
- For cultivation risks:
  1. The applicant follows all state and federal laws with regards to the use, storage, and disposal of pesticides.
  2. The applicant has used, or will use, a licensed, insured, contractor for all electrical work at their grow facility.
  3. The applicant has had or will have within 30 days of my insurance effective date, all wiring inspected by a licensed contractor at their grow facility.
- The applicant tests 100% of the cannabis/hemp products grown.
- The applicant does not interchange metal halide light bulbs and high-pressure sodium light bulbs in ballasts.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No

### General Liability Manufacturers Attestation

This application is the basis for coverage, and any incorrect or fraudulent attestations or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. The following is true and correct:

- Applicant consulted with an attorney to determine that their labeling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements.
  
- Applicant has labeling and packaging that meets the following state standards (if any) for being:
  - 1) Packaged in a way that does not appeal to children.
  - 2) All marijuana containers and products containing marijuana that are distributed by the applicant are in child-proof packaging or containers.
  - 3) Has labeling that contains warnings to keep product away from children and pets.
  - 4) Contains warnings that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption.
  
- Applicant has any products, ingredients, or components that originate from outside of the United States tested for contamination and verification that they match what was ordered.
  
- Applicant obtains certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and Additional Insured status from all US based manufacturers or suppliers, for products that applicant does not produce or manufacture themselves.
  
- Applicant uses a third-party testing lab to test their marijuana and products containing marijuana and all of the applicant's vendors meet or exceed product testing and labeling requirements.
  
- If volatile extraction is used, all of applicant's equipment is:
  - 1) Installed by a professional technician.
  - 2) Pressure vessels are inspected and tested per manufacturer's specifications.
  - 3) For any extraction method that utilizes pressurized or flammable materials: the insured, the production equipment or system is certified, and the equipment is only used for its intended use.
  - 4) All extraction operations are performed in a Class 1 D1 or C1 D2 room, that is compliant with; automatic exhaust ventilation system, automatic gas detection system, fume hood, and explosion-proof electrical systems in place.
  - 5) The equipment used for extraction is certified commercial equipment that undergoes regularly scheduled preventative maintenance.
  - 6) The extraction facility is in compliance with state and local fire codes for this type of business and the extraction is done in a fireproof contained area.
  
- Applicant attest that:
  - 1) All gas cylinders are stored in approved cages on external walls.
  - 2) That all flammables are stored in UL listed cabinet(s)
  - 3) That all utensils used in extraction are non-sparking.
  
- The applicant's production equipment or system is certified or tested for its intended use and the assembly is UL/FM approved.
  
- For the production of any products require open flame, frying, or other cooking methods:
  - 1) Your establishment has an automatic fire suppression system that extends over all cooking surfaces.
  - 2) Hoods and flues are inspected/cleaned by an outside service and tagged for verification of this.
  - 3) The fire suppression system checked and filters in grease hoods cleansed and serviced annually.
  - 4) If a deep fat fryer is on premises, it has a high limit temperature switch.
  
- No equipment of any kind will be rented to others who are not named insured.
  
- Applicant has a backup generator for any power outages can or may impact the premises.

I certify that the responses in this attestation and information provided herein are accurate, complete, and current as of this date. I acknowledge that these conditions must be continually adhered to. Any changes to the information provided, changes coverage offerings and may reduce or negate coverage.  Yes  No



## Disclosures/Warranties/Definitions/Acknowledgements

### SPECIAL TERMS

- All employees must pass a background check as warranted by policy.
- Lighting replacement warranty applies
- Manufacturing and extraction warranty applies

### CROP, CANNABIS INVENTORY, AND STOCK DEFINITIONS

- **“Barrier Mesh”**: Barrier Mesh means a heavy-gauge steel mesh installed onto stud framing (both metal and wood), with gypsum sheathing applied to its surface to conceal the barrier mesh, providing a latent barrier across a wall system.
- **“Cannabis”** means all parts of the plant Cannabis sativa, Cannabis sativa Linnaeus, Cannabis Indica, or Cannabis ruderalis, including hybrids and including “Hemp”, whether growing or not, including but not limited to the seeds, resin, compounds, manufacture, salt, derivative, mixture or preparation of the plant, seed, or resin, whether crude or purified obtained from “cannabis”. “Cannabis” includes marijuana, but does not include any “synthetic marijuana”, which shall mean any drug in which herbs, incense or other leafy materials are sprayed with lab- synthesized liquid chemicals to mimic the effect of THC, or a synthetic cannabinoid that is different from the natural cannabinoids in “Cannabis” plants and which binds to cannabinoid receptors in the body, including but not limited to Delta-8 THC, Sativex, Marinol and other pharmaceutically derived products.
- **“Cannabis Inventory”** means merchandise held in storage or for sale that is (a) of usable, non-expired, merchantable quality and quantity and fit for the purpose for which it was purchased, manufactured and cultivated, (b) not damaged or defective, (c) salable in the Ordinary Course of Business and (d) includes “Finished Stock” and supplies used in the packaging or shipping of “Finished Stock”.
- **“Finished Stock”** means "Cannabis" or products that contain "Cannabis" that are in a condition ready for distribution or sale. “Finished Stock” does not include "Living Plant Material" or "Harvested Plant Material”.
- **“Harvested Plant Material”** means mature “Cannabis” plant material no longer in the growing medium which is in the process of being dried. “Harvested Plant Material” is no longer “Living Plant Material” and is not yet and does not include “Finished Stock”.
- **“Motion Detector”** means an electrical device that utilizes a sensor or series of sensors to detect motion in all areas of the premises where Cannabis Inventory is and provides an alert of such motion

### PROTECTIVE SAFEGUARDS

As a condition of this insurance, you are required to:

1. Maintain the protective safeguards listed in the application, and over which you have control, in complete working order.
2. Have all safeguards listed on application regularly inspected, tested, and maintained.
3. Actively engage and maintain in the "on" position at all times any automatic fire alarm or other automatic system listed in the application.
4. Notify us if you know of any suspension of or impairment in any protective safeguard listed in the application.





**FRAUD WARNING: 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 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 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.

**Other Conditions:** Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

I \_\_\_\_\_ am an authorized representative of \_\_\_\_\_ 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 and I agree to release to the Carrier 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.

**APPLICATION DISCLAIMERS:** any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, CM-I, OK, OR, VT, or WA; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

In Florida: 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.

In Massachusetts, Nebraska, Oregon and Vermont: any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

In Washington: it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

An insurer which refuses to provide coverage to an applicant who is a "good driver" must provide the applicant with a written statement of the reasons it denied coverage. In general, under California law a good driver is a person who has not had more than one violation point or more than one at fault accident resulting in only property damage in the last three years.

I understand and acknowledge that uninsured motorists' bodily injury coverage (UMBI) has been offered to me, and that I have the options of selecting either UMBI limits lower than my bodily injury liability limits or rejecting UMBI coverage entirely. If I have rejected UMBI coverage or selected UMBI limits lower than my bodily injury liability limits. I have also signed the California auto supplement, Acord 61 CA.

I also understand and acknowledge that uninsured motorists' property damage coverage (UMPD) has been offered to me, and that I have the options of selecting or rejecting this coverage for one or more vehicles. I have made my selection on this application, and I have read and completed the UMPD portion of the California auto supplement, Acord 61 CA.

In addition, I have been offered waiver of collision deductible. If this option is not indicated on this application, then I have rejected this option.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.



- A COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (NOT APPLICABLE IN ALL STATES, CONSULT YOUR AGENT OR BROKER FOR YOUR STATE'S REQUIREMENTS.)**

#### **NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may, in certain circumstances, be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

In the District of Columbia: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida: 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.

In Massachusetts, Nebraska, Oregon and Vermont: any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

In Washington: it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry 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.



The Applicant represents to the best of his/her knowledge and belief that the statements set forth herein are true and complete.

The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF INCEPTION DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY.**

<b>Insured Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	

<b>Producer Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	