



CANNABIS COMMERCIAL PACKAGE APPLICATION

General information

Policy Effective Date _____
 First Name Insured: _____
 Doing Business As: _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____
 Zip _____
 Website: _____

Business type

- Corporation
- LLC
- Joint Venture
- Sole Proprietor
- Partnership

Description of Operations

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

Industries (select multiple)	
<input type="checkbox"/>	Adult Use / Recreational
<input type="checkbox"/>	Medical Cannabis
<input type="checkbox"/>	Medical & Adult Use / Recreational
<input type="checkbox"/>	Other:

COVERAGE SELECTION

General Liability (Including or Excluding Products)

Limit Combination Options Check to Exclude Products

	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2
General Aggregate	\$1,000,000	\$2,000,000
Each Occurrence (Bodily Injury & Property Damage)	\$1,000,000	\$1,000,000
Personal & Advertising Injury	\$1,000,000	\$1,000,000
Product & Completed Operations Aggregate	\$1,000,000	\$2,000,000
Medical Expenses	\$5,000	\$5,000
Damage to Rented Premises	\$100,000	\$100,000
Hired & Non-owned Auto Liability (excess)	\$1,000,000	

- *Sub-Limit Endorsement*

Retro date (if applicable) _____

Property Section

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

Location #	Building #	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
Finished Stock	\$	Total value

Property Enhancement Coverage Options			
Coverage*		Limit Options	Deductible Options
Accounts Receivable	Coverage against losses incurred by a company when they are unable to collect from customers that owe the business money.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Employee Dishonesty	Coverage against employee theft of money, securities, or property.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Outdoor Property - Fences, Signs, Antennas, Satellite Dishes	Coverage against loss or damage to outdoor fences, radio, and television antennas (including satellite dishes) and outdoor signs.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Outdoor Property - Trees, Shrubs, Plants Other than Cannabis	Coverage against loss or damage to your trees, shrubs, and plants (other than "stock" of trees, shrubs, plants or "cannabis").	<input type="checkbox"/> \$500 each <input type="checkbox"/> \$2,500 aggregate	No Deductible
Money & Securities	Coverage that protects against losses from the theft, disappearance or destruction of money or securities used in your business while at a bank or savings institution, at the described premises or in transit between any of these places.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Personal Effects and Property of Others	Coverage that protects against damage or loss of personal effects or property belonging to others, while in your care, custody, or control.	<input type="checkbox"/> \$2,500 item max <input type="checkbox"/> \$30,000 aggregate	<input type="checkbox"/> \$500 per claim
Property in Transit	Coverage that protects your personal property (other than property in the care, custody, or control of your salespersons) in transit.	<input type="checkbox"/> \$5,000 each conveyance <input type="checkbox"/> \$30,000 aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim

Robbery and Safe Burglary	Coverage that protects against the loss of Business personal property, (excluding money and securities) from robbery or safe burglary.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Spoilage	Coverage for loss of perishable stock that are stored at the premises of the insured property.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate <input type="checkbox"/> \$50,000 Aggregate <input type="checkbox"/> \$100,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Tenant Glass Fixtures and Permanently Installed Machinery and Equipment	Coverage for direct physical loss of or damage to "building property" meaning the building glass, building fixtures, and permanently installed machinery and equipment.	<input type="checkbox"/> \$35,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Valuable Papers (other than electronic data)	Coverage that pays the cost to replace or restore the lost information on valuable papers and records for which duplicates do not exist.	<input type="checkbox"/> \$35,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Back-Up Sewage	Coverage that pays for direct physical loss or damage from water that backs up through or overflows from a sewer or drain or overflows from a sump.	<input type="checkbox"/> \$10,000 Aggregate <input type="checkbox"/> \$25,000 Aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim <input type="checkbox"/> \$2500 per claim <input type="checkbox"/> \$5,000 per claim
Outdoor Cannabis or Hemp Plants	Outdoor Cannabis or Hemp Plants	<input type="checkbox"/> \$1,000 per plant <input type="checkbox"/> \$10,000 aggregate	<input type="checkbox"/> \$500 per claim <input type="checkbox"/> \$1000 per claim

*Please note that this coverage is on a per location bases.



Properties / Locations

Location 1, building 1 Check here if same as mailing address

Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____
 Zip _____
 Number of Stories? _____
 Construction Type? _____
 Total square footage of this location? _____

1. What operations occur at this location?

- Retail Cannabis/CBD/Hemp
- Storefront delivery
- Non store front delivery
- Cultivation
- Distribution/Transportation
- Manufacturing

2. Does this location do delivery to customers? Yes No

3. If Cultivation - type?

- Indoor
- Outdoor

4. If Extraction - type?

- No Extraction
- Non-Combustible Extraction
- Combustible Extraction

6. What are the total retail sales at this location? \$ _____

7. What is the total retail (non-storefront) sales at this location? \$ _____

8. What are the total tobacco sales at this location? \$ _____

9. What is the total cultivator/grower/processor sales at this location? \$ _____

10. What is the total distributor/transporter sales at this location? \$ _____

11. What are the total manufacturing sales at this location? \$ _____

12. Has the first named insured been in business for less than a year? Yes No

13. Do any locations have security guards present? Yes No

14. Do you have additional named insureds? Yes No

Additional Named Insureds

Legal Business Name: _____
 Doing Business As: _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____
 Zip _____
 Website: _____

Business type

- Corporation
- LLC
- Joint Venture
- Sole Proprietor
- Partnership

Inspections Contact:

First Name: _____ Last Name: _____
Phone number: _____ Email: _____
Website: _____

15. Does the applicant hold an active cannabis, CBD/hemp license and comply with all state and local laws governing cannabis operations? Yes No

Please enter the cannabis, CBD/hemp license number: _____

16. Is the insured a subsidiary for another entity for which coverage is not requested? Yes No

Name of Parent Company _____

Description of Operations _____

17. Are the parent company's operations insurance covered elsewhere? Yes No

18. Does the applicant have other business ventures for which coverage is not requested?

Business Name _____

Description of Operations _____

19. Are the other venture's operations insurance covered elsewhere? Yes No

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

21. Are any locations on tribal lands? Yes No

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

23. Are there any firearms at any location that is owned or operated by the applicant? Yes No

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

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

26. What form of pest prevention is the applicant using? (select all that apply)

- Pesticide Organic Other N/A

27. Is any equipment used rented to others who are not the named insured? Yes No

28. Will your operation include the extraction of cannabis oils or the manufacture of any concentrates?
 Yes No

29. 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"/>	Alcohol

30. Does the applicant have a maintenance agreement in place with a 3rd party? Yes No
31. Does the applicant have an operational back-up generator? Yes No
32. Does the system have emergency relief valves to release accumulated pressure? Yes No
33. Are all emergency relief valves piped to the outside of the building? Yes No
34. Does the facility incorporate CO2 concentration monitors? Yes No
35. 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
36. Is the building under 25 years old or if not, does it have a fully updated electrical, plumbing, heating and ventilation, and air conditioning (HVAV)? Yes No
37. Are all lighting fixtures and apparatus used in accordance to its intended original design and UL listed? Yes No
38. Does the applicant have lock boxes that are bolted to all vehicles that transport property and/or money and securities? Yes No
39. Do the 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? Yes No
40. Does the applicant deliver any marijuana/cannabis products directly to the consumer? Yes No
41. Are drivers allowed to take any cannabis inventory and/or money home? Yes No
42. Are boilers used as the primary or secondary heating source? Yes No
43. If yes, Are the boilers insured elsewhere? Yes No
44. Is this building a greenhouse? Yes No
45. 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
46. What percentage of the building is sprinklered? _____
47. In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance? Yes No



48. If "Yes", please provide five (5) year loss history for all claims and attach a description for any loss greater than \$10,000.

- Have any drivers been found guilty of 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

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

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

51. Confirm that the insured does not make unnecessary stops during transportation? Yes No

52. Does anyone person(s) live on the premises at any location? Yes No
 (a) If yes, do they have separate homeowners' coverage for this location?
 (b) Please attach homeowners declarations/certificate of insurance.

⁵³**Additional Insureds** **Check box if there are no additional insureds needed at this time.**

Additional Insured (Check ONE) General Liability Property Product Liability

Landlord	Loss Payee	Governmental Agency	Single Vendor
<input type="checkbox"/> Waiver of Subrogation (must be required by contract)		<input type="checkbox"/> Primary/Non-Contributory Wording (must be required by contract)	
Location/BLDG #	Name of A.I.:	Mailing Address	

Additional Insured (Check ONE) General Liability Property Product Liability

Landlord	Loss Payee	Governmental Agency	Single Vendor
<input type="checkbox"/> Waiver of Subrogation (must be required by contract)		<input type="checkbox"/> Primary/Non-Contributory Wording (must be required by contract)	
Location/BLDG #	Name of A.I.:	Mailing Address	

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 or principal has not filed for bankruptcy in the last 5 years.
- The applicant has not had coverage cancelled in the past five years.
- The applicant, or any principal owner or officer has not had a criminal conviction of any kind.
- All buildings have a 24/7 actively monitored central station burglar/fire alarm and are all doors and windows connected to the alarm.
- Applicant collects certificates of insurance naming applicant as the additional insured, from all vendors and contractors that they work with.
- In all locations that the insured is not a full occupant, there always connecting doors to the other occupants that are fire doors with bolted locks and alarmed.
- No person(s) live on the premises at any location.
- All operations are properly licensed in their state and local jurisdictions.
- The applicant does not sell minor or synthetic cannabinoids like delta 8, spice, or similar products.
- Applicant does not sell cannabis/CBD products outside of the state it's licensed to operate in, (or sell CBD to states where CBD sales are prohibited).
- The applicant's employee termination procedures include access control revocation.

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

Retail 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 building has a buzz in system and lobby has a double entrance or man trap.
- The building has interior & exterior CCTV/security cameras.

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

Finished Stock/Cannabis Inventory 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:

- All finished stock kept is in a safe or a vault room during business and non-business hours that meet the following conditions:
- A built in vault that meets the following requirements: 1. Doors and walls have a one hour, or greater fire rating, and; 2. Has no windows, and; 3. Is masonry or is a drywall vault that has metal doors and wire Barrier Mesh (heavy-gauge steel mesh installed typically onto stud framing) installed, and; 4. 100% of area is sprinklered.
- A shipping container that meet the following criteria: 1. Has doors and walls with a fire rating of one hour or greater, and; 2. In a room with a CCTV/Security camera facing the entry, and; 3. Located in a building protected by central station burglar/fire alarm, and; 4. Has locking doors with access control.
- DEA Cages that meet the following criteria: 1. Self-closing, self-locking doors and; 2. Has wall & ceiling panels constructed of 10-gauge wire and; 3. Has steel support posts that are 2" square and; 4. Has posts that have welded on base plates for lagging to the floor and; 5. Posts are set no more than ten feet apart and; 6. Has walls that have minimum 1-1/2" horizontal reinforcement at every 60 inches and; 7. Is 100% is sprinklered.
- The insured has an active video surveillance systems that are backed up on and offsite daily (Video surveillance must be provided for the past 14 days prior to a loss).

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 enclose 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 applicant does not apply their own pesticides, 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. I have used, or will use, a licensed, insured, contractor for all electrical work at my grow facility.
 3. I have had or will have within 30 days of my insurance effective date, all wiring inspected by a licensed contractor at my grow facility.
 4. The applicant follows all state and federal laws with regards to the use, storage, and disposal of pesticides.
- The applicant tests 100% of the cannabis/hemp products grown.

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 applicants vendors meet or exceed product testing and labeling requirements.
- All of applicants 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.

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

Important Property and Crop Warranties Safeguards, and Definitions

LOCKED SAFE WARRANTY - "MARIJUANA INVENTORY"

All "Marijuana Inventory" items are to be kept locked in a safe or a vault room at all times during business and non-business hours except for "Marijuana Inventory" on display during business hours.

It is further warranted that any safe used to house "Marijuana Inventory" will meet the following requirements:

1. All safes must have a 1-hour fire rating
2. All safes must weigh 550 lbs or more
3. For safes under 2000 pounds:
 - a. Safe must be bolted to the floor.
 - b. Central Station Fire Alarm must be connected and operational to the safe.

VAULT WARRANTY - "MARIJUANA INVENTORY"

It is warranted that if a vault room or steel container is located within the building it will meet the requirements:

- If there is a vault used in place of a safe, it must be built-in and the doors and walls must have a one hour, or greater fire rating and must be 100% sprinklered.
- Drywall vaults must have metal doors and wire Barrier Mesh (heavy-gauge steel mesh installed typically onto stud framing) installed and must be 100% sprinklered.
- DEA Cages that meet the following criteria will be accepted:
 1. Self-closing, self-locking doors.
 2. Wall & ceiling panels constructed of 10-gauge wire.
 3. Steel support posts 2" square.
 4. Posts have welded on base plates for lagging to the floor.
 5. Posts are set no more than ten feet apart.
 6. Walls have minimum 1-1/2" horizontal reinforcement at least every 60 inches.
 7. Must be 100% sprinklered.
- 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.

If these requirements are not met, theft coverage for Finished Stock is excluded in its entirety.

CENTRAL STATION FIRE ALARM – SAFEGUARD REQUIREMENT

Applicant must maintain protection with an active central station fire alarm on the entire building and that is connected to a central station burglar/fire alarm reporting agency or to a public fire alarm station.

CENTRAL STATION BURGLAR ALARM – SAFEGUARD REQUIREMENT

Central station burglar alarm must:

1. Cover all openings in the insured's premises
2. Have motion detectors in all areas, with the exception of living plant areas (indoor cultivation only).
3. Alarm must be in the "on" position during all non-working hours and/or whenever the insured's premises are unoccupied.

SECURITY CAMERA'S – SAFEGUARD REQUIREMENT

1. All security cameras must be recording, and all records must be backed up and retained for a minimum of 14 days
2. Interior Cameras monitoring the following:
 - a. All doors and windows providing a means of egress into the building
 - b. Display counters
 - 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
3. Exterior Cameras monitoring all means of egress to the building and the parking lot unless City Ordinances or laws prohibit monitoring of the premises.

CROP, MARIJUANA INVENTORY, AND STOCK DEFINITIONS

1. "Stock" means merchandise held in storage or for sale, raw materials and in-process or finished goods, including supplies used in their packing or shipping. "Stock" does not include "crop" or "marijuana inventory".
2. "Marijuana Inventory" means finished marijuana stock and products containing marijuana and/or its derivatives defined as any component of the cannabaceae family containing a tetrahydrocannabinol (THC) level of more than 0.3 percent on a dry weight basis. "Marijuana inventory" does not include any kind of "crop".

Disclosures/Warranties/Acknowledgements

Fire and Theft losses of property may be excluded if:

- a. The Central Station Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station alarm system).
- b. The Video Surveillance System is not recording and backing up for 14 days prior to the loss.
- c. The seeds finished marijuana stock/inventory, money and securities are outside the safe during non-business hours.
- d. The minimum safe and or vault requirements have not been met at the time of the loss.
- e. The building is over 20 years old, and no updates have been done in the last 10 years.
- f. The safe or vault does not have a 1-hour fire rating. Fire will be excluded unless 100% covered by fire sprinklers.

All Cultivation Operations are required to warrant both of the following:

- I have used, or will use, a licensed, insured contractor for all electrical work at my grow facility.
- I have had, or will have within 30 days of my insurance effective date, all the wiring inspected by a licensed, insured contractor at my grow facility



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 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 um pd 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, warning: 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 its 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.

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. All safeguards listed on application must be regularly inspected, tested and maintained and;
3. Actively engage and maintain in the "on" position at all times any automatic fire alarm or other automatic system listed in the application; and
4. Notify us if you know of any suspension of or impairment in any protective safeguard listed in the application

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.

Insured Signature		Date	
Printed Name		Title	

Producer Signature		Date	
Printed Name		Title	