



### Section1 A. General Information:

[illegible]

# ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

## Section 1 B.

Please note: All questions should be answered.  
N/A is not an acceptable answer for the carrier to approve.

Information provided on this form will become part of the policy of insurance if issued.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

1. How does the applicant prevent the distribution of marijuana to minors? Please describe:

2. How does the applicant prevent revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels? Please describe:

3. How does the applicant prevent possible diversion of marijuana from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law? Please describe:

4. How does the applicant prevent the use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity?

## ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

5. Does the applicant have a program or safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of marijuana? Yes No

Please describe:

6. How does the applicant prevent drugged driving or other possibly adverse public health consequences associated with marijuana use? Please describe:

7. Does the applicant either grow or purchase marijuana grown on public lands?

Yes

No

8. How does the applicant prevent the possession or use of their product on federal property?

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## Section 2 - History:

**All questions must be answered. Failure to disclose proper history could invalidate any and all coverage.**

1. 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 non-renewed? ☐ Yes ☐ No
2. Do you currently have commercial insurance coverage? ☐ Yes ☐ No

**General Liability:** ☐ **Check box if No prior**

Insurer/carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits: Aggregate \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_

**Property:** ☐ **Check box if No prior**

Insurer/carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits: \$ \_\_\_\_\_

**Crop:** ☐ **Check box if No prior**

Insurer/carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits: \$ \_\_\_\_\_

**Excess:** ☐ **Check box if No prior**

Insurer/carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits: Aggregate \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_

**Product Liability:** ☐ **Check box if No prior**

Insurer/carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits: Aggregate \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_

3. Has the applicant had any prior liability and or property claims **or losses** in the past 5 years: (If yes, attach currently-valued (within past 90 days) loss runs including details) Yes No
4. Complete the following for any applicant or any principal, partner, owner, officer, director, 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:
  - A. Have any of the above been convicted of a felony or DUI in the last 10 years? Yes No  
If yes, give details (date/jail time served/felony/misdemeanor):
  - B. Is the applicant in compliance with all local & state laws regarding the manufacture, control, dispensing of cannabis? Yes No
  - C. Does the insured currently hold a cannabis license/permit? Yes No  
If no, when do they expect to be licensed/permitted:





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## Section 3 - General Liability and Excess

Complete Sections 3 thru 7 for each building and or outdoor grow

DBA: \_\_\_\_\_

Location/BLDG # \_\_\_\_\_/ \_\_\_\_\_ Physical address: \_\_\_\_\_

What are the operations in this building only! Cultivation Processor Manufacturer Cannabis Retail  
Hydroponics Retail/Wholesale ☐ Smoke Shop ☐ Delivery Operations ☐ Doctor ☐ Laboratory Testing  
Cannabis Wholesale/Broker ☐ Office only - no cannabis sales ☐ Retail – No cannabis sales  
☐ Transportation Other: \_\_\_\_\_

**General Building Questions** - \_\_\_ if outdoor operations, check the box and skip general building questions.

Year building built: \_\_\_\_\_ **if the building is older than 20 years the applicant will need to provide the year the following**

**were last worked on or inspected:** Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_

Construction type \_\_\_\_\_ Number of stories: \_\_\_\_\_ Square footage \_\_\_\_\_

Roof Construction \_\_\_\_\_ Roof Covering \_\_\_\_\_

Are there Fire Sprinklers? Yes No What percentage of the insured's building is sprinklered \_\_\_\_\_%

Is there a central station fire/burglar alarm that is connected to all doors/windows: Yes No

### General Liability Questions:

- |   |     |    |
|---|-----|----|
| 1. Does the premise have a pool, pond or other water exposure?                    | Yes | No |
| 2. Does <u>anyone</u> live in the above scheduled building or on premises?*       | Yes | No |
| 3. Are there <u>any</u> dogs on the premises?*                                    | Yes | No |
| 4. Are there <u>any</u> firearms located in the scheduled building listed above?* | Yes | No |
| 5. Does the insured sub-contract their security guard services?*                  | Yes | No |

**If yes: the sub-contracted security company must list you as an additional insured**

**\*If any answer above is yes, please provide details on a separate Word doc.**

- |  |     |    |
|--|-----|----|
| 6. Does the applicant maintain daily written records of all Cannabis, Hemp and CBD containing products, including the purchase date, type of product and purchase price? | Yes | No |
|--|-----|----|

### General Liability Coverage:

\$1,000,000 each occurrence/\$1,000,000 aggregate  
\$1,000,000 each occurrence/\$2,000,000 aggregate

\$2,000,000 each occurrence/\$2,000,000 aggregate

Pesticide and Herbicide Applicators Endorsement (WA & MA Only)



\$50,000 occurrence/aggregate limit

\$250,000 occurrence/aggregate limit

### Hired and Non-Owned Auto Endorsement:

Include Hired and Non-Owned Auto: Yes No

**NOTE:** Delivery operations are not eligible for HNOA endorsement. Transport for the purposes of business to business is approved. Any delivery to the consumer will be excluded.

1. Do all drivers maintain a personal auto policy and keep it in force at all times?
2. Is any driver allowed to drive with any DUI, DWI, or reckless driving violations?
3. Are MVRs collected by all drivers employed by the applicant?
4. Does applicant or employees of applicant make any deliveries directly to patients or customers from the retail location?

### Excess Liability Coverage:

Excess Liability Coverage: \_\_\_ Check box if you want to decline excess coverage at this time

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

(each excess layer added will apply to both the occurrence and aggregate limits)

**NOTE:** Excess can not be applied if \$2,000,000 occurrence was requested under the General Liability.



## Section 4 A. - Property

Complete Section 4 for each building

☐ Check box if you want to decline property coverage at this time

Location/BLDG #\_\_\_\_\_/\_\_\_\_ Physical address: \_\_\_\_\_

1. Does the insured have an active central station burglar and fire alarm system? Yes ☐ No

Monitoring Company \_\_\_\_\_

2. Are all windows and doors connected to an Active Central Station Alarm? ☐ Yes ☐ No

3. Does the applicant have an approved safe: ☐ Yes ☐ No Weight Fire Rating

**Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground**

4. Does the applicant have an approved vault room? Yes No

**What is an approved Vault? Double click here**

5. Do you have a buzz in system or security personnel at the door? Yes No

6. Does the applicant have interior and exterior cameras? ☐ Yes No

7. Distance to Nearest building (Provide distance in feet)

North: \_\_\_\_\_ East: \_\_\_\_\_

South: \_\_\_\_\_ West: \_\_\_\_\_

## Property Coverage and Endorsements for the location listed above:

Optional Property Deductibles \$10,000 or \$50,000  
(the deductible will default to \$2,500 if none are chosen)

Building Coverage: \$\_\_\_\_\_ Triple net lease Named insured owns the building

Loss of Income \$\_\_\_\_\_ Sole tenant & no other buildings attached

Outdoor Signs \$\_\_\_\_\_ **Equipment Breakdown requested?** Yes No  
(excludes plants/cannabis inventory or finished stock)

Cannabis Inventory \$\_\_\_\_\_ % of the cannabis inventory requires refrigeration

Indoor Grow Equipment & Tools \$\_\_\_\_\_

Outdoor Grow Equipment & Tools \$\_\_\_\_\_ \$\_\_\_\_\_ 3rd Party Care/Custody/Control  
(\$1mm max limit)

Business Personal Property \$\_\_\_\_\_ Deductible for CCC:

Tenants Improvements \$\_\_\_\_\_ \$\_\_\_\_\_ Manufacturing Equipment

Property Endorsement ☐ Yes No

**If "Yes", please complete  
next section 4B.**

Form A - \$1,000 premium\*

Form B - \$1,500 premium\*

Form C - \$2,000 premium\*

*\* See next page for detailed form information*



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## Section 4 B. - Property Endorsement FORM A, B, OR C

Complete this section (4 B.) for each building where off premises coverage is wanted

☐ Check box if there is **NO** coverage for off premises at this location and skip Section 4.B.


Location/BLDG # \_\_\_/\_\_\_ Physical Address: \_\_\_\_\_

### Coverages:

See links below for coverage options:

[Double click here to view form A](#) 

[Double click here to view form B](#) 

[Double click here to view form C](#) 

1. Will the insured transport cannabis living plants to other business? ☐ Yes ☐ No
2. Will the insured transport harvested, processed or finished cannabis to other business? ☐ Yes ☐ No
3. Will the insured deliver any cannabis products directly to the consumer? ☐ Yes ☐ No
4. Will the vehicles that transport the insured's property and or money and securities from the  
scheduled premises have an active alarm system? ☐ Yes ☐ No
5. If yes to question 4: does it include Low Jack or some other tracking service? ☐ Yes ☐ No
6. Are drivers allowed to make personal stops when transporting goods? ☐ Yes ☐ No
7. Are drivers allowed to take any cannabis inventory and/or money home? ☐ Yes ☐ No
8. Does the insured collect DMV records from all drivers prior to employment? ☐ Yes ☐ No
9. Does the insured allow any firearms or weapons in the vehicles? ☐ Yes ☐ No
10. Does the insured have a lock box that is bolted to the vehicles? ☐ Yes ☐ No
11. Does the insured provide lifts, ride share or other livery type operations? Yes No



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## Section 5 - All Cultivation/Processing Operations (Incl. 3rd Party Processing)

Complete section 5 for each building and outdoor operations

☐ Check box if there are **NO** cultivation or processing operations at this location and skip Section 5

Location/BLDG #\_\_\_/\_\_\_ Physical Address: \_\_\_\_\_

### Check all that apply:

Location Zoning: ☐ Commercial ☐ Residential ☐ Industrial ☐ Agricultural ☐ Mixed use

Cultivation Operations: ☐ Indoor ☐ Outdoor ☐ Enclosed Greenhouse ☐ Open Greenhouse

Processing Operations: ☐ Drying/Curing ☐ Quarantine ☐ Trimming ☐ Storage of Finished Stock

### Cultivation Questions:

1. Is there a back-up system for the electrical supply? ☐ Yes ☐ No
2. Does the applicant test 100% of the cannabis products grown? ☐ Yes ☐ No  
If yes, who provides testing: Name \_\_\_\_\_ Ph# \_\_\_\_\_
3. Estimated number of harvests per year \_\_\_\_\_
4. Average yield of harvested cannabis per plant \_\_\_\_\_ (oz)
5. Average **wholesale** value per pound of finished cannabis stock \_\_\_\_\_
6. Maximum per plant value based on questions 4 and 5 \_\_\_\_\_

### Cannabis & Hemp Crop Coverage:

☐ Check box if you want to decline crop coverage \_\_\_\_\_

Initial

CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= Total Plant Values <b>Wholesale</b>
Seeds	#	x \$	\$
Immature Seedlings	#	x \$	\$
Vegetative Plants	#	x \$	\$
Flowering Plants	#	x \$	\$
Harvested Plants	#	x \$	\$
<b>Crop Value</b>			\$
Finished Stock	LBS.	x \$	\$

### 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.

**I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:**

\_\_\_\_\_ Applicant Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Section 6 - Cultivation Outdoor/Greenhouse Operations:

Complete Section 6 for each Outdoor/Greenhouse building

☐ Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 6

Location/BLDG # \_\_\_\_/\_\_\_\_ Physical Address: \_\_\_\_\_

1. Does the property listed above have fencing surrounding the cultivation area? Yes ☐ No  
A. If yes, please provide details about the fencing used (i.e. Height, Electrified, and Material Used).  
  
B. If yes, is the fenced in area locked at all times? ☐ Yes ☐ No
2. Is there any barbwire, razor wire or electrified fencing used for security on property? Yes No  
A. If yes, are there warning signs on the property? ☐ Yes No
3. Are there gates at all entrances of the property? ☐ Yes No  
A. If yes, are the gates locked at all times? Yes No
4. Are there any traps that are used for security on the property? ☐ Yes No  
A. If yes, please provide details:
5. What percentage of your total cultivation at the location listed above is  
A. Indoor grown? \_\_\_\_\_ %  
B. Greenhouse grown? \_\_\_\_\_ %  
C. Outdoor grown? \_\_\_\_\_ %  
\_\_\_\_\_ (A,B,C must total 100%)

## Greenhouse Cultivation Operations:

6. Will the greenhouse be fully enclosed with locking doors? Yes No  
A. If no, please provide photos and details on how you plan on securing the greenhouse.
7. Will the greenhouse have electricity? ☐ Yes No  
A. If yes, provide details on equipment that uses electricity.
8. Provide details on the materials used to construct the greenhouse walls. i.e. aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc.

**\*\*Please provide photos of greenhouse(s) at time of submission.\*\***

## Outdoor Cultivation Operations:

1. What is the total property size \_\_\_\_\_ acres
2. What is the size of the total cultivation area were cannabis and or hemp operations take place \_\_\_\_\_ acres



## Section 7 - Manufacturing/Cooking Operations:

Complete Section 7 for each building that has manufacturing/cooking operations

Check box if there are **NO** manufacturing or cooking operations and skip Section 7

Location/Bldg # \_\_\_\_/\_\_\_\_ Physical address: \_\_\_\_\_

1. Will there be open flame cooking and or fryer operations at the property listed on above? Yes ☐ No ☐  
If yes: Are open flame cooking and/or frying operations conducted under a non-combustible power ventilation hood? ☐ Yes ☐ No N/A
2. What products do you manufacture that require open flame cooking or frying:
3. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? Yes No N/A  
If yes, what type of fire suppression system is it?
4. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? Yes No N/A
5. Does the location list above have deep fat fryer with a high limit temperature switch? Yes No N/A
6. How often are your hoods and flues checked?
7. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? ☐ Yes ☐ No N/A
8. How often is your fire suppression system serviced?
9. Are fire suppression systems inspected/cleaned by an outside service and tagged for verification of this? ☐ Yes ☐ No N/A
10. How often are the filters in your grease hood cleaned?
11. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license in the past? Yes No
12. Will your operations include extraction of cannabis oils? Yes No  
If yes, what method do you use to extract:  
If CO2 - how many CO2 detectors are in building?:  
If solvents or gases are used, open or closed loop? open closed
13. Will your equipment be used and or rented to others who are not the named insured? Yes No  
If yes, will you require them to carry their own insurance and name you on their policy? Yes No
14. Is the address listed above the only location where your operations are performed? Yes No  
If no, list all address and the operations performed at each of the locations. i.e. short term leases, short term kitchen or lab rentals.



## Section 8 - Product Liability Questions

☐ By checking the box: *I, the Applicant/Insured, am willfully and knowingly declining Product Liability coverage.*

### Section 8 A - General Questions - All Operations

1. Does the applicant maintain daily written records of all Cannabis, CBD, Hemp and inventory of non-cannabis products, including purchase date, type of product, purchase price and who it was purchased from? \_\_\_ Yes \_\_\_ No
2. Does the applicant have a quality assurance plan in place? \_\_\_ Yes \_\_\_ No
3. Does the applicant have a product recall plan? \_\_\_ Yes \_\_\_ No
4. Does the applicant test 100% of the Cannabis, CBD and Hemp products prior to distribution? \_\_\_ Yes \_\_\_ No  
A.) If yes, does the applicant perform their own testing? Yes \_\_\_ No \_\_\_  
B.) If no, provide name of the testing laboratory they are contracted with.  
Lab Name: \_\_\_\_\_  
Contact: \_\_\_\_\_
5. Does the Insured use software to track sales and pertinent transaction data such as who, when and what was purchased? Yes \_\_\_ No \_\_\_
6. Will the insured follow to the best of their abilities all Consumer Product Safety Commission regulations as it would pertain to the withdrawal and/or recall of defective products? \_\_\_ Yes \_\_\_ No
7. Does the insured have a communication and complaint handling procedure? \_\_\_ Yes \_\_\_ No
8. Does the insured know of any products that were either voluntarily or mandatory recalled/withdrawn in the past 5 years? Yes \_\_\_ No \_\_\_  
A.) If yes, please provide the total number of recalls/withdrawals the insured has had in the past 5 years? # \_\_\_\_\_ Voluntarily # \_\_\_\_\_ Mandatory
9. Does the applicant have current or prior product liability insurance? \_\_\_ Yes \_\_\_ No  
A.) If yes, please complete the follow section about your past and or current product liability carrier?  
Insurer/Carrier Name \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_ Premium \$ \_\_\_\_\_  
Coverage Limits \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Occurrence \_\_\_\_\_  
Policy Form Type \_\_\_\_\_ Claims Made \_\_\_\_\_ Occurrence \_\_\_\_\_

### Section 8 B - Retail Operations

1. What percentage of the applicant's estimated revenue is from the sale of non-cannabis equipment, hardware, or non-ingestible items? \_\_\_\_\_%
2. Does the applicant obtain and maintain a current copy of a supplier's insurance certificate naming the applicant as Additional Insured from each of the companies the applicant purchases products and/or ingredients from? \_\_\_ Yes \_\_\_ No
3. Does the applicant require each supplier's that they contract with to have a minimum of \$1,000,000 per occurrence and \$2,000,000 aggregate limit? \_\_\_ Yes \_\_\_ No
4. Does the applicant require each supplier's to have their products tested? \_\_\_ Yes \_\_\_ No
5. Does the applicant maintain supplier's contracts, records and invoices for 5 years or more? \_\_\_ Yes \_\_\_ No  
A.) If no, how long does the applicant maintain records? \_\_\_\_\_
6. Please complete "Products List" attached or attach a document listing types of products.



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**CANNABIS PRODUCT LIST BY TYPE**

**Cannabis Flower**

**Other:**

**Pre - Rolls**

**Other:**

**Concentrates**

**Other:**

**Edibles**

**Other:**

**Topical**

**NON CANNABIS PRODUCT BY TYPE**  
**ACCESSORIES OR MERCHANDISE**

**ash trays**

**blunt wraps**

**bong wash**

**cones**

**dab rings**

**dab tool**

**glassware**

**grinders**

**batteries**

**joint papers**

**vape equipment**

**joint rollers**

**joint rolling trays**

**lighter holders**

**roach clips**

**screens**

**torch lighters**

**vape battery chargers**

**Other:**

**Other:**

**Other:**

**Other:**

**Vape cartridges/pens (equipment and accessories) is  
manufactured or distributed by which kind of vendor:**





## Section 8 C - Cannabis, Hemp and CBD Cultivation Operations

1. What form of pest prevention is the applicant using? Please explain:

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2. Does the applicant apply their own pesticides? Yes    No  
A.) If no, does the applicant get a copy of the contracted company's insurance before any work begins? \_\_\_ Yes \_\_\_ No
3. Does the applicant follow all state and federal laws with regards to the use, storage and disposal of pesticides? \_\_\_ Yes \_\_\_ No
4. Is the applicant aware of any past or current pesticide issues that would result in a loss or claim? \_\_\_ Yes \_\_\_ No

## Section 8 D - Manufacturing of Infused and/or Processed, Extracted Cannabis, Hemp or CBD Products

1. Does the applicant use any butane, propane, CO2 or other gases in the manufacturing process? \_\_\_ Yes \_\_\_ No  
A.) If yes, please provide what gases/solvents the applicant uses.  
\_\_\_\_\_  
:Other \_\_\_\_\_
2. Does the applicant follow all laws, regulations and ordinances pertaining to the storage, use and disposal of any gases used in the applicant's operations? \_\_\_ Yes \_\_\_ No
3. Does the applicant test 100% of all products manufactured for any level of gas/solvent residue? Yes    No  
A.) If yes, will the applicant destroy 100% of the products found with unsafe gas residue(s)? \_\_\_ Yes \_\_\_ No
4. Provide a complete list of products that the applicant manufactures on a Word or Excel document if necessary.
5. List all products that the insured may not manufacture, but places applicant's label on.

## Section 8 E - Manufacturing of Equipment and Hardware

1. Provide a complete list of equipment and hardware that the applicant manufactures below or on Word or Excel Document if necessary.
2. List all equipment and hardware that the insured may not manufacture, but places applicant's label on below or on Word or Excel Document if necessary.



## Section 8 F - Product Liability and Endorsements

### Choose your Product Liability Coverages Limits

\$100,000 Claim / \$100,000 Aggregate	\$3,000,000 CSL
\$1,000,000 Claim / \$1,000,000 Aggregate	\$5,000,000 CSL
\$1,000,000 Claim / \$2,000,000 Aggregate	Defense Outside Limits* (\$1,000,000 sub-limit)

### Choose Retro Date (not automatically included)

1 year Retro Active Date	4 year Retro Active Date
2 year Retro Active Date	5 year Retro Active Date
3 year Retro Active Date	***If adding retro active date, please include the loss runs and premiums for each prior year***

### Choose your Product Withdrawal Coverage Limits and Deductibles.

Check the box if you want to opt-out of Product Withdrawal

\$100,000 Max Expense Limits (Default limits)	\$250,000 Max Expense Limits
\$1,000 Deductible	\$5,000 Deductible
\$5,000 Deductible	\$10,000 Deductible
	\$25,000 Deductible
<b>What is product withdrawal? Double click here to review coverage information</b>	

I understand that this Products Liability coverage part applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date



## Section 9 - ADDITIONAL INSURED

Check box if there are NO additional insureds  
needed at this time and skip section 9

General Liability	Property	Products Liability	
<b>ADDITIONAL INSURED</b> (check one)	landlord	loss payee	Governmental Agency
	vendor \$100 ea./\$250 Blanket		Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			

General Liability	Property	Products Liability	
<b>ADDITIONAL INSURED</b> (check one)	landlord	loss payee	Governmental Agency
	vendor		Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			

General Liability	Property	Products Liability	
<b>ADDITIONAL INSURED</b> (check one)	landlord	loss payee	Governmental Agency
	vendor		Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			

General Liability	Property	Products Liability	
<b>ADDITIONAL INSURED</b> (check one)	landlord	loss payee	Governmental Agency
	vendor		Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			



- **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 cannabis 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 20 years.
- f. The safe or vault does not have a 1 hour fire rating, fire will be excluded unless 100% covered by fire sprinklers.
- g. All Vaults must be approved in writing by the underwriter.

**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 \_\_\_\_\_ 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.

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

\_\_\_\_\_  
Authorized applicant signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

Main contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_  
Requested effective date

\_\_\_\_\_  
Name of licensed insurance broker

\_\_\_\_\_  
Name of appointed insurance brokerage

\_\_\_\_\_  
Signature of licensed Insurance broker



# STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C. No. Ext):			
FAX (A/C. No):		POLICY NUMBER	
E-MAIL ADDRESS:		APPROVED BY	
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON \_\_\_\_\_ TO \_\_\_\_\_ .

CANCELLATION DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE AND TIME