



CANNABIS INSURANCE SERVICES



General & Medical Cannabis Insurance Services

APPLICATION FORM

“International Protection from Seed to Sale”



CANNABIS INSURANCE SERVICES

APPLICATION

General & Medical Cannabis Insurance Services.

"International protection, from seed to sale."

Company Name:

Website:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at the address of the Applicant

To:

SECTION I - GENERAL INFORMATION

1) Applicant is:

Individual

Joint Venture

LLC

Corporation

Partnership

Other – Specify:

2) Years in business:

If in business less than 1 year, description of previous business experience:

SECTION II – LICENSE INFORMATION

3) Are you currently licensed for all operations for which you are involved? Yes No
If no, please attach an explanation.

4) License types held and numbers:

Retailer / Dispensary

Address(es):

Cultivator / Grower

Address(es):

Processor / Manufacturer

Address(es):

Wholesaler / Distributor

Address(es):

Testing Lab

Address(es):

Special Events / Social Clubs

Address(es):



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Home Delivery

Address(es):

Microbusiness (California Only)

Address(es):

Please list all license numbers:

5a) Marijuana use license type(s): (if applicable)

Adult-Use / Recreational

Medical

5b) Hemp use license type(s): (if applicable)

Grower

Handler

Researcher

6) Do you have any temporary or pending licenses?
If yes, please attach your state license application.

Yes No

7) Annual sales:

	Upcoming Year (Estimate)	Current Year	First Prior Year
Total Gross Sales	\$	\$	\$

8) Percentage of gross sales by operation:

Retailer / Dispensary / Delivery %

Cultivator / Grower %

Processor / Manufacturer %

Wholesaler / Distributor %

Testing Laboratory %

Special Events %

Other (Attach Description) %

All Operations =100%

9) Percentage of gross sales by product type:

Recreational marijuana (bud, leaf, flower or trim) %

Infused recreational marijuana – edibles %

Infused recreational marijuana – other than edibles %

Recreational marijuana concentrates or oils %

Vaporizer pens (electronic cigarettes) %

Medical marijuana (including infused products) %

Cannabis products without THC or active cannabinoids %

Other (Attach Description) %

All Operations =100%



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SECTION III – OPERATIONS – ALL LICENSE TYPES

- | | | |
|---|-----|----|
| 10) Is there any residential structure or space on the premises?
If yes, please attach an explanation. | Yes | No |
| 11) Are there any firearms on the premises?

If yes, are the firearms limited to third-party contracted security firms?
If no, please attach an explanation. | Yes | No |
| 12) Are there any dogs other than service or support dogs on the premises?

If yes, are the dogs limited to third-party contracted security firms?
If no, please attach an explanation. | Yes | No |
| 13) Is security provided by an independent security guard service?

If yes:

Do you execute a written contract with the service?
If no, please attach an explanation.

Does the contract require the service to defend and indemnify you to the fullest extent permitted by law?
If no, please attach an explanation. | Yes | No |
| 14) Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained and are you added as an Additional Insured under the policy for all testing labs, private security firms, manufacturers, or suppliers used?
If no, please attach an explanation. | Yes | No |
| 15) Have any license requirements been waived by the State or Municipality?
If yes, please attach an explanation. | Yes | No |

SECTION IV – OPERATIONS – RETAIL ONLY

- | | | |
|---|-----|----|
| 16) Is onsite consumption allowed? | Yes | No |
| 17) Is any physician or other medical professional employed or contracted?
If yes, please attach an explanation. | Yes | No |
| 18) Do you sell any tobacco or alcohol or any products unrelated to marijuana, marijuana smoking, or marijuana vaping?
If yes, please attach an explanation. | Yes | No |
| 19) Are any products sold online? | Yes | No |
| 20) Are home delivery services available or provided? | Yes | No |
| 21) Are customers able to obtain products from a drive-thru? | Yes | No |
| 22) Are any products for sale imported from outside the United States? | Yes | No |



SECTION V – PRODUCT RECALLS

23) Have you voluntarily recalled in the past five years, or are you considering recalling, any known or suspected defective products from the market? Yes No

SECTION VI – LOSS HISTORY AND KNOWN EVENTS

24) Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years?
If yes, please attach an explanation. Yes No

25) Are you aware of any investigation, incident, condition, circumstance, defect or suspected defect in any product, service or work, which may result in a claim against you that has not been disclosed above?
If yes, please attach an explanation. Yes No

SECTION VII – CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible / SIR:

Rate:

Premium:

Coverage Form: Occurrence Claims-Made Retro Date:

Desired Limits:

Desired Deductible / SIR:

SECTION VIII – REQUIRED DOCUMENTS

Please attach the following:

- 1) Copy of current license if currently licensed
- 2) Application for license if not currently licensed
- 3) Brief description of owner's prior experience

SUPPLEMENTAL QUESTIONS

Is coverage for vaping devices needed? Yes No

If so what is expected revenue from devices?

Do all devices come from US insured manufacturers or distributors? Yes No



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Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.



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Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.