

**CQuality Insurance Group**

10224 NW 47th St,  
Sunrise, FL 33351  
(954) 582-9444

**Marijuana and Hemp Business Application**

Email Applications to:  
**info@qigroup.net**

**APPLICANT'S INSTRUCTIONS:**

1. All Applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
3. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
4. Please read the statements at the end of this application carefully. Thank you!

*\*If there are multiple Business Names please provide detailed list or organizational chart showing relationship*

**Requested Policy Effective Date:****Requested Policy Expiration Date:****SECTION I – GENERAL INFORMATION****\*Business Name:****DBA:****Mailing Address:****City:****State:****Zip:****Inspection Contact Name:****Phone:****Email:****Website:**

**Type of Enterprise:** ☐ LLC ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Individual  
☐ Non-Profit ☐ For Profit ☐ Joint Venture ☐ Government Entity ☐ Other:

**Description of operations:**

**Description of Product Use:** ☐ Recreational ☐ Medicinal ☐ Both ☐ Other:

**Date Business was established:****Years in business under current Management:**

**Is the Insured a member of any cannabis/Marijuana trade associations?** ☐ Yes ☐ No

If "Yes", what organization(s)? ☐ CCSE ☐ NORML-NBN ☐ NCIA ☐ CCIA ☐ Other:

**Has the applicant or principal filed Bankruptcy in the last 5 years?** ☐ Yes ☐ No

If "Yes", which type? ☐ 7 ☐ 11 ☐ 13

**List of subsidiaries and their operations:****List any additional offices and provide locations:**

**Have any of the principals engaged in this or similar enterprises under a different name?** ☐ Yes ☐ No

If "Yes", please list the entity and operations:

**Provide the business financial information for the last five (5) years and estimates for the next year**

Year	Domestic Sales	Foreign Sales	Payroll	# of Employees
Next Year				
Last Year				
2nd year prior				
3rd year prior				
4th year prior				

## SECTION II – PRIOR INSURANCE AND CLAIMS HISTORY

Please provide insurance information for the past three (3) years:

Carrier	Coverage	Limits	Deductible	Retro Date	Premium	Exposure or Rate

In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance?

Copy of Loss Runs are attached

Yes

No

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

Year	# of Claims	Total Paid	Total Reserves	Total Incurred	Valuation Date

## SECTION III – INSURANCE COVERAGE INFORMATION

Please indicate below, by placing an "X" in the box, which coverages are being requested and complete relevant portions of this application as applicable.

Coverage	Application Sections to Complete
Commercial Property (Fill out Section IV and V for each Location)	Section IV – Property Coverage Section V – Premises Information
General Liability	Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: (only complete the parts that apply to your operations)
<div style="display: flex; justify-content: space-between;"> <div>Occurrence</div> <div>Aggregate</div> </div>	
General Liability Options	
Increased Damage to Premises Rented to You (\$100,000 Included) \$300,00      \$ 500,000	
Increased Medical Payments (\$5,000 Included) \$10,000	
Employee Benefits (\$1,000,000 Each Employee \$1,000,000 Aggregate)	Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations
Stop Gap (OH, WA, ND, WY, PR) Basic      \$1,000,000	
<p>Our Hired and Non-owned Auto Coverage is for occasional, non-regular use of hired or rented autos, or autos owned and driven by an employee on behalf of the company/employer.</p> <p>Hired and Non-Owned (\$1,000,000 Limit)*</p> <p>1. Does the insured have a commercial auto policy?      Yes      No</p> <p>2. Describe how employees use their own vehicles for the employer:</p> <p>3. How does the insured qualify employees who use their vehicles? MVRs? Minimum personal auto policy liability limit requirements? Certificates of insurance? Vehicles condition and capability check?</p> <p><small>*We will not be able to add coverage for hired and non-owned autos if the insured does any type of regular delivery, especially "pizza delivery" or "milk run" type deliveries, no matter how occasional.</small></p>	<p>Excess General Liability</p> <p>Limit:</p> <p>Is there current Excess Coverage? Yes      No</p> <p>Is the current coverage over Products? Yes      No</p>
Product Liability	Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: (only complete the parts that apply to your operations) Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations
<div style="display: flex; justify-content: space-between;"> <div>Each Claim</div> <div>Aggregate</div> <div>Deductible</div> </div>	
<p>Product Withdrawal (\$250,000 Limit w/\$25,000 Deductible)      *Retro Date: _____</p> <p>Professional Sublimit (\$50,000 Limit)</p> <p><small>*If a retro date is requested, please provide a copy of the dec page showing previous coverage</small></p>	

**SECTION IV – PROPERTY COVERAGE (Please complete this section for each location and building)**

1. Location/Building# \_\_\_\_\_/\_\_\_\_\_

Building Coverage: \_\_\_\_\_

Business Personal Property/Equipment: \_\_\_\_\_

Tenant's Improvements and Betterments: \_\_\_\_\_

Business Income: \_\_\_\_\_

Amount of limit available any given month during the period of restoration: \_\_\_\_\_

Property in Transit: \_\_\_\_\_

Discharge from Sewer and Drain – (\$25,000 Limit)

Equipment Breakdown

Expanded Property Endorsement

Completed Stock\*: \_\_\_\_\_

Goods In Process\*\*: \_\_\_\_\_

Does this property have a triple net lease? Yes No

Deductible: \_\_\_\_\_

Coinurance: \_\_\_\_\_

Ordinance or Law (Choose one of the following options)

Coverage A only \_\_\_\_\_; or

Coverage C only \_\_\_\_\_; or

Coverages A and B \_\_\_\_\_; or

Coverages A, B and C \_\_\_\_\_.

NOTE: Coverages B and C can be combined into one "combo" limit

**Crop Coverage Table - No coverage for plants while growing outdoors**

Phase	Number of Plants x	Per Plant Value	=	Total
Seedling				
Vegetative				
Flowering				

\*\*Goods in Process is defined as Cannabis Buds and Flowers that have been harvested and are in the curing phase of production. No Stock, crop or growing plants fall under this category

\*Completed Stock is defined as Manufactured Products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.

2. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

3. Is this location fully open and operational? Yes No

If "No", when do you expect this location to be open and fully operational? \_\_\_\_\_

4. What are the operations at this location:

Manufacturer  
Lab

Processor  
Delivery

Cultivation  
Distribution

Retail/Dispensary  
Other: \_\_\_\_\_

5. Is there any oil extraction done at this location? Yes No

If "Yes", what method is used? CO2 Butane Propane Other: \_\_\_\_\_

6. General Building Information:

Year Building Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Age of Roof: \_\_\_\_\_

Roof Type: (Tile, Metal, Shingle, etc....) \_\_\_\_\_ Construction Type: (Frame, Masonry, Glass, etc....) \_\_\_\_\_

ISO Fire Protection Class: \_\_\_\_\_

7. If the building is over 20 years old, provide the year the following were updated:

Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_

8. Are there Fire Sprinklers? Yes No Percentage of the Building is sprinkled? \_\_\_\_\_

9. Does the applicant own the building? Yes No

10. Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc.? Yes No

If "Yes", please provide details:

What stage are the renovations currently at? \_\_\_\_\_

If not currently occurring, for when are the renovations planned? \_\_\_\_\_

When do you expect the renovations to be completed? \_\_\_\_\_

What is the total estimated value of the renovation? \_\_\_\_\_

Is there coverage on the building currently? Yes No

Do you currently have a Builder's Risk policy? Yes No

If "Yes", please provide a coverage certificate. If no, name of contractor: \_\_\_\_\_

11. Does the applicant have an approved safe for secure product storage: Yes No

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

12. Does the applicant have a vault room? Yes No

If Yes, please describe in detail: \_\_\_\_\_

13. Is there a vacuum oven, centrifuge, distillation column and/or Rotovaps in the building? Yes No

If Yes, please provide manufacturer, model number, replacement cost, and motor's HP for each. \_\_\_\_\_

14. Is there an electrical back up system? Yes No How are the plants watered? \_\_\_\_\_

**SECTION V – PREMISES INFORMATION (Please complete this section for each location and building)**

<b>15. Location/ Building# _____/_____ Address:_____</b>				
<b>16. Description of business operation(s) at this location:</b>	<b>Manufacturer Lab</b>	<b>Processor Delivery</b>	<b>Cultivation Distribution</b>	<b>Retail/Dispensary Other:_____</b>
<b>17. Describe the type of crime area in which applicant's premises is located:</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
<b>18. Square footage of building occupied by insured:_____</b>				
<b>19. Describe the area in which the applicant's business is located:</b>	<b>Commercial</b>	<b>Industrial</b>	<b>Agricultural</b>	<b>Residential</b>
<b>20. Is the nature of the business advertised on the outside of the building?</b>	<b>Yes</b>	<b>No</b>		
<b>21. Does applicant occupy the entire building?</b>	<b>Yes</b>	<b>No</b>		
If "No", are there connecting doors to adjacent units?	<b>Yes</b>	<b>No</b>		
If "Yes", how are the connecting doors secured (i.e., deadbolts, alarms, etc.):_____				
<b>22. Does anyone live on the premises?</b>	<b>Yes</b>	<b>No</b>		
If "Yes", please describe occupancy:_____				
If "Yes", is separate homeowner's insurance coverage in place?	<b>Yes</b>	<b>No</b>		
<b>23. Does the premises have a pool, pond, or other water exposure?</b>	<b>Yes</b>	<b>No</b>		
If "Yes", please explain:_____				
<b>24. Which of the following security systems are utilized (please check all that apply):</b>				
Automatic Sprinkler System	Safe or Vault	Hold-up button/panic button		
Automatic Fire Alarm	Interior video cameras	Gated windows		
Central?   Yes   No	Exterior video cameras	Fencing		
Central station burglar alarm	Interior motion detectors	Gated doors		
Security guards – unarmed	Door greeter/ID checker	Dog(s); Breed and Number: _____		
Security guards – armed				
<b>25. Are all security measures fully operational during non-business hours?</b>	<b>Yes</b>	<b>No</b>		
If "No", which ones are not:_____				
<b>26. If guards and/or greeters are used are they employees?</b>	<b>Yes</b>	<b>No</b>		
• If "No", do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured?	<b>Yes</b>	<b>No</b>		
• Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?		<b>Yes</b>	<b>No</b>	
• What limits do independent contractors carry? _____				
<b>27. Are there any firearms on the property (including any firearms carried by security guards)</b>	<b>Yes</b>	<b>No</b>		
If "Yes", please explain:_____				
<b>28. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?</b>	<b>Yes</b>	<b>No</b>		
<b>29. Are employees instructed to cooperate and obey the robber's instructions and not to resist?</b>		<b>Yes</b>	<b>No</b>	

**SECTION VI – Operations**

**30. Please provide the following financial information:**

	Previous 12 months	Projected next 12 months
Annual gross receipts from medical marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused medical marijuana edible products containing THC or other active cannabinoids ( <i>e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.</i> )		
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids ( <i>e.g. oils, creams, lotions, etc.</i> )		
Annual gross receipts from medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from medical marijuana concentrates not intended for use in vaporizing devices		
<b>Total Medical Marijuana &amp; Medical Marijuana Containing Products:</b>		
Annual gross receipts from recreational marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused recreational marijuana edible products containing THC or other active cannabinoids ( <i>e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.</i> )		
Annual gross receipts from topical recreational marijuana products containing THC or other active cannabinoids ( <i>e.g. oils, creams, lotions, etc.</i> )		
Annual gross receipts from recreational marijuana oil cartridges or recreational marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from recreational marijuana concentrates not intended for use in vaporizing devices		
<b>Total Recreational Marijuana &amp; Recreational Marijuana Containing Products:</b>		
Annual gross receipts from vaporizing devices including room vaporizers and vapor pens		
Annual gross receipts from smoking accessory sales ( <i>e.g. pipes, rolling papers, or other non-vaporizer type smoking products</i> )		
Annual gross receipts from sales of other goods ( <i>e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp based lotions or oils, etc.</i> )		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services ( <i>e.g. massage, acupuncture, etc.</i> )		
<b>Total Revenues (All Products and Services):</b>		
<b>Total number of patient contacts</b>		
<b>Total payroll:</b>		

**31. What experience does the insured have in operating a marijuana business and/or running or managing a commercial business? Please describe:**

**32. Is the applicant in compliance with all local and state laws regarding the growth, manufacturing, dispensing, and/or control of marijuana or marijuana containing products?**

**Yes      No**

**SECTION VII – LIABILITY COVERAGE (please complete all relevant sections as applicable)**

<b>A. DISPENSARY INFORMATION</b>	N/A
31. Are there any employed professionals ( <i>e.g., physicians or pharmacists</i> )? If “Yes”, do the employed professionals carry their own separate professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
32. How does the dispensary ensure compliance with state law ( <i>please check all that apply</i> ): <input type="checkbox"/> Checking photo ID and registration card of patient <input type="checkbox"/> Confirming physician’s recommendation <input type="checkbox"/> Checking photo ID to verify consumer is over age 21 <input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises <input type="checkbox"/> Other ( <i>describe</i> ):	
33. How much inventory is displayed to customers? <input type="checkbox"/> 0-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> Greater than 25%	
34. Is any on-site consumption of marijuana or marijuana containing products permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does applicant offer delivery of marijuana products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant’s strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:	
37. If the applicant distributes marijuana oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div> If “No”, please explain how the applicant controls access to these high dose / concentration products:	
38. If applicant distributes marijuana oils or concentrates manufactured by others, does applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process? If “No”, what type of extraction system and solvents are used by the insured’s manufacturers / suppliers? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
39. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana containing product dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, the date and time dispensed? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
40. Does applicant maintain separate records for medical and recreational marijuana products? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
41. Does applicant grow medical or recreational marijuana or are other cannabis plants on the premises?  If “Yes”, please complete Section V – Growing Facility Information. <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
42. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories?  If “Yes”, please complete Section VI – Manufacturing & Processing Operations. <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
43. Do any products, ingredients, or components originate from outside of the United States? If “Yes”: <div style="margin-left: 20px;">                         a. Specify what products are imported and the country(ies) of origin:                     </div> <div style="margin-left: 20px;">                         b. Are imported products and components tested for contamination and verification that they match what was ordered?                     </div> <div style="text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                     </div>	
44. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
45. For products that applicant does not produce, does applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured’s direct supplier? <div style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</div>	

46. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? ☐ Yes ☐ No  
 If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):
- ☐ Products are not contaminated with pesticides
  - ☐ Products are not contaminated by bacteria
  - ☐ Products are not contaminated by mold / fungus
  - ☐ Products are not contaminated by mycotoxins
  - ☐ Products are not contaminated by heavy metals
  - ☐ Products are not contaminated by residual solvents
  - ☐ Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
  - ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
  - ☐ Terpene profiles
- If "No", how does applicant ensure product purity?

## B. GROWING FACILITY INFORMATION

N/A

47. Does applicant grow any marijuana that is intended to be distributed for recreational purposes? ☐ Yes ☐ No  
 If "Yes", what percentage of revenue is derived from these operations? %
48. Does applicant maintain separate records for medical and recreational products? ☐ Yes ☐ No
49. Are marijuana cultivation areas located: ☐ Indoors ☐ Outdoors ☐ Greenhouse  
 a. If outdoors, provide the approximate size of the growing area in acres:
50. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? ☐ Yes ☐ No  
 If "Yes", please answer the following:
- a. Please describe fence (i.e. height, material used, electrified, etc.):
  - b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property? ☐ Yes ☐ No
  - c. Is fenced in area locked at all times: ☐ Yes ☐ No
  - d. Are there locked gates at all entrances to the property and/ or growing area: ☐ Yes ☐ No
51. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? Yes ☐ No ☐  
 If "No", please describe how the greenhouse will be secured to prevent unauthorized entry:
52. What is the maximum number of plants on the premises at any one time?
53. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? ☐ Yes ☐ No  
 If "Yes", please complete Section VI – Manufacturing & Processing Operations.
54. Does applicant use a 3<sup>RD</sup> party testing laboratory to test their marijuana and marijuana containing products? ☐ Yes ☐ No  
 If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):
- ☐ Products are not contaminated with pesticides
  - ☐ Products are not contaminated by bacteria
  - ☐ Products are not contaminated by mold / fungus
  - ☐ Products are not contaminated by mycotoxins
  - ☐ Products are not contaminated by heavy metals
  - ☐ Products are not contaminated by residual solvents
  - ☐ Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
  - ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
  - ☐ Terpene profiles
- If "No", how does applicant ensure product purity?
55. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory? ☐ Yes ☐ No

C. Manufacturing & Processing Operations	N/A
56. Please supply a complete list of products manufactured or processed by applicant	
57. Are manufacturing and processing facilities located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors If outdoors, provide the approximate size of the processing area in acres:	
58. Will the production of any of the above listed products require open flame, frying, or other cooking methods? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please answer the following: a. Does your establishment have an automatic fire suppression system that extends over all cooking surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> b. Are hoods and flues inspected / cleaned by an outside service and tagged for verification of this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
59. Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please answer the following: a. What extraction or manufacturing method will the applicant utilize?  b. If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use? Yes <input type="checkbox"/> No <input type="checkbox"/> c. Will the oils or concentrates be distributed in bulk to other infused product manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> d. Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", which product(s)?  e. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:	
60. Does the applicant actually produce the individual filled cartridges for vapor pens? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer the following: a. Are the cartridges one size fits all or are they only compatible with a particular brand? i. If only compatible with a particular brand, which brand? b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers.	
61. Are all marijuana and marijuana containing products manufactured and distributed by the applicant sold in child proof packaging or containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
62. Has 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? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", please answer the following: a. Does labeling contain warning to keep product away from children and pets? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Does labeling contain warning that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children? <input type="checkbox"/> Yes <input type="checkbox"/> No d. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements?	
63. Do any products, ingredients, or components originate from outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": a. Specify what products are imported and the country(ies) of origin:  b. Are imported products and components tested for contamination and verification that they match what was ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
64. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and AI status from all US based manufacturers or suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No	



65. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products? ☐ Yes ☐ No

If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):

- ☐ Products are not contaminated with pesticides
- ☐ Products are not contaminated by bacteria
- ☐ Products are not contaminated by mold / fungus
- ☐ Products are not contaminated by mycotoxins
- ☐ Products are not contaminated by heavy metals
- ☐ Products are not contaminated by residual solvents
- ☐ Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- ☐ Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- ☐ Terpene profiles

If "No", how does applicant ensure product purity?

66. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory? ☐ Yes ☐ No

67. Does applicant have a written product recall plan? ☐ Yes ☐ No

#### SECTION VIII – ADDITIONAL INSURED

\_\_\_\_ Mark "X" if there are NO additional insureds needed at this time

\_\_\_\_ See Attached for detailed list of additional Insureds

**ADDITIONAL INSURED** (check one): \_\_\_\_ Landlord \_\_\_\_ Loss Payee \_\_\_\_ Governmental Agency \_\_\_\_ Other:

\_\_\_\_ Waiver of Subrogation

\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_ / \_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

**ADDITIONAL INSURED** (check one): \_\_\_\_ Landlord \_\_\_\_ Loss Payee \_\_\_\_ Governmental Agency \_\_\_\_ Other:

\_\_\_\_ Waiver of Subrogation

\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_ / \_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

## SECTION IX – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

### COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

*(Not required in all states, contact your agent or broker for your state's requirements.)*

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and 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. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

### NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period. The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

### FRAUD STATEMENTS

#### 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 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.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: