

CANNABIS PROPERTY SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:		
New: Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal: Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:		
Website:		
Years in Operation:		

Please attach copies of the following:

- a) *Currently valued five year loss runs and, if applicable, claim*
- b) Completed SOV Form for all locations
- c) Location photographs

2) Mailing address:

Address: _____
 City: _____ State: _____ Zip Code: _____

3) Schedule of Locations:

Location #1:

Address: _____
 City: _____ State: _____ Zip Code: _____ Date Owned: _____

Location #2:

Address: _____
 City: _____ State: _____ Zip Code: _____ Date Owned: _____

Location #3:

Address: _____
 City: _____ State: _____ Zip Code: _____ Date Owned: _____

Location #4:

Address: _____
 City: _____ State: _____ Zip Code: _____ Date Owned: _____

4) Operations:

- | | |
|--|---|
| <input type="checkbox"/> Growing - Indoors | <input type="checkbox"/> Processing - Utilizing Pressure, Heat, or Baking/Cooking |
| <input type="checkbox"/> Growing - Greenhouse | <input type="checkbox"/> Processing - Supercritical or Solvent Extraction |
| <input type="checkbox"/> Retail/Dispensary | <input type="checkbox"/> Processing - Solventless, No Heat or Pressure |
| <input type="checkbox"/> Lessors' Risk Only (<i>attach document of tenant entity names and operations</i>) | |

SECTION B: SECURITY MEASURES

Indicate Yes (Y) or No (N) for all security measures:

	Location 1	Location 2	Location 3	Location 4
Sprinkler System				
Central Station Fire Alarm				
Central Station Burglar Alarm				
24/7 Interior and Exterior Video Surveillance with minimum 14-day video feed storage				
Interior motion detectors				
Entryways, doors, windows locked, secured and protected by alarm during non-business hours				
Buzz-in system at entryway				
Building Gated and fenced				
Doors and windows equipped with shatter proof glass				
Security Guards				
Safe* or Vault *All finished stock inventory is kept locked in a safe at all times during non-business hours. If safe used to house all marijuana stock and/or inventory is less than 2,000 pounds it will be bolted to the ground and have a one hour fire rating.				

- 5) Will you be doing any renovations, construction, or improvements or betterments to the property before occupation? Yes ☐ No ☐
- a. If yes, will a licensed contractor be performing the work? Yes ☐ No ☐
- b. Are certificates of insurance obtained from contractors or subcontractors before completing the work? Yes ☐ No ☐
- c. Will work be structural in nature? Yes ☐ No ☐
- d. Estimated cost of work: \$ _____
- 6) Do you have a state license in your own business name for cannabis operations? Yes ☐ No ☐
- a. If no, are operations strictly limited to hemp cannabis (under 0.3% THC)? Yes ☐ No ☐
- b. Please indicate which premise security measures are in place:

SECTION C: GROWING

- 7) Do growing operations occur in a greenhouse (in part or whole)? Yes ☐ No ☐
- If yes, please describe frame type and covering material(s):

- 8) Do you utilize any hydroponics, aeroponics, or automated watering systems? Yes ☐ No ☐
If Yes, please describe automated shutoff/anti-flood measures in place:

- 9) Has the electrical system been upgraded for your occupancy of the building? Yes ☐ No ☐
If yes, please describe:

- 10) Describe the type of lighting used:

- 11) Do you utilize CO2 generator, Ozone generator, Humidifier/Dehumidifier, or other environmental conditioner equipment (not including normal HVAC)? Yes ☐ No ☐
If yes, please describe:

- 12) Do you have a backup power generator? Yes ☐ No ☐

SECTION D: PROCESSING

- 13) Are you performing any solvent extraction? Yes ☐ No ☐
a. If yes, please list solvents used:

- b. If solvent extraction is not closed loop only, please clarify:

- 14) If Butane, Hexane, Propane or other volatile extraction is performed, confirm the following measures are in place:

- | | | |
|--|------------------------------|-----------------------------|
| a. All extraction work carried out in Class 1 D1 Room(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Automatic exhaust ventilation system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Sprinklers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Explosion proof electrical system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Automatic gas detection system | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Sprinklers in fume hoods | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- 15) If gasses or flammables are stored on site:

- a. Are all gas cylinders stored in approved cages on an external wall? Yes ☐ No ☐
b. Types and quantities of gas stored:

- c. Are all flammables stored in UL listed cabinet(s)? Yes ☐ No ☐
d. Types and quantities of flammables stored:

16) Are all utensils used in extraction process non-sparking?

Yes ☐ No ☐

17) Are you cooking, baking, or otherwise preparing edibles or extracts using heat?

Yes ☐ No ☐

If yes, are all cooking areas equipped with Ansul or UL compliant automatic fire extinguishing systems above all cooking surfaces, hoods and duct area, with a quarterly maintenance service contract in place?

Yes ☐ No ☐

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.


NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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 Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____