



Cannabis Dispensary Application (Adult Use and/or Medical)



INSTRUCTIONS: 1. Complete all relevant sections. 2. App must be signed and dated by corporate officer no earlier than 90 days before effective date of coverage. 3. Read the statements at the end of the application carefully.	ADDITIONAL INFO REQUIRED: 1. License to operate (If pending, submit upon approval) 2. 3 years currently valued, readable loss runs (as applicable) 3. Copy of Security Program including surveillance details 4. Copy of Products Liability Declarations Page (if applicable) 5. If more than 5 locations attach additional applications
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SECTION I: GENERAL INFORMATION

Applicant Name(s): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Website: _____

Contact Name: _____ Contact Phone #: _____

Contact Email Address: _____ Proposed Effective Date: _____

Date Business Was Established or Years in Operation: _____

Industry and/or Management Experience: _____

LOC #	ENTITY NAME	PHYSICAL LOCATION (STREET, CITY, STATE, ZIP)	EIN:	License # or Est Start Date	Description of Operations	Fully Sprinklered (Y/N)
1						
2						
3						
4						
5						

LOC #	Sq Ft Occupied?	LAST 12 MONTHS			ESTIMATE FOR NEXT 12 MONTHS		
		Medical Cannabis Sales	Adult Use Cannabis Sales	Other Retail Sales	Medical Use Cannabis Sales	Adult Use Cannabis Sales	Other Retail Sales
1							
2							
3							
4							
5							

LOC #	Year Built/ Age of Building	Construction Type	Roof Age	Roof Material / Type	Number of Stories	Occupancy (Occupied/ Unoccupied/ Vacant)	Year Electric Updated	Year Plumbing Updated	Year HVAC Updated
1									
2									
3									
4									
5									



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Does your operation maintain daily inventory records of all products and plants, including purchase date, product type, quantity, purchase price, and purchaser in either private tracking system or the required state tracking system?

(Describe): _____

Written procedures for and reconciliation of the amount of cash on site, daily? (Y/N): _____

Written risk management procedures in place? (Describe): _____

Do you allow Cannabis consumption at any location? (Describe): _____

Firearms at any location? (Describe): _____

Any locations under construction? (Describe): _____

Any violations identified by governing bodies that are being addressed (Describe): _____

Number of employees: _____ Manufacture Cannabis products or Cultivate Cannabis Plants? : _____

Weigh, Package or label any Cannabis products or loose flower? (Describe): _____

Do you wholesale cultivated Cannabis products to outside retail operations? (Y/N): _____

Do you employ or contract security guards? _____ If contracted, do they carry insurance (Y/N)? _____

Percentage of NON-Cannabis product manufactured outside of USA and sold directly to you? _____

SECTION II: OPERATIONS SUMMARY

DISPENSARY OPERATIONS (All locations combined)		Past 12 Months	Next 12 Months
Percentage of Sales from Delivery	%		
Payroll Including 1099 employees	\$		
Percentage Breakdown of all Operations:		%	%
Cannabis Flower			
Cannabis Edibles			
Cannabis Extracts, Oils, Waxes, Concentrates, etc.			
Hemp Infused Products (CBD)			
Vaporizing Devices (Batteries and accessories)			
Smoking Accessories (pipes, papers, etc.)			
Other Cannabis Related goods			

ASSOCIATED GROW, MANUFACTURING, EXTRACTION OPERATIONS (All locations combined)					
		Indoor Grow	Outdoor Grow	Manufacture	Extract
Percentage of sales incl above from operations	%				
Sales not included above to third parties	\$				

If applicant has associated grow operations, please answer the following additional questions:

Do you have a back-up electric supply that is tested on a regular basis (Y/N)? _____ Test Frequency? _____

Electrical work performed by a licensed, insured electrician that names you as additional insured (Y/N)? _____

Infrared electrical inspection performed annually (Y/N)? _____ Date of last testing? _____

All grown cannabis product tested by a 3rd party (Y/N)? _____ Name of lab(s)? _____

What forms of pest control do you use (mechanical, biological, chemical)? _____

_____ (If chemical, please provide a pesticide listing)

Do you apply your own pesticides (Y/N)? _____ Are you required to have a pesticide applicators license (Y/N)? _____

If 3rd party pesticide applicators used, are they insured and name you as additional insured (Y/N)? _____



If Requesting Limited Employment Practices Liability Coverage:

Does your organization have a written manual detailing expected employee conduct and the consequences/disciplinary actions of violating that conduct? (Y/N) _____ Are employees required to sign confirmation of receipt of this Employee Code of Conduct? (Y/N) _____

Does your organization have a standard procedure for recording employee disciplinary actions? (Y/N) _____

Does this include signed documentation of manager and employee conversations regarding disciplinary actions and/or violations of employee conduct? (Y/N) _____

If Requesting Limited Commercial Cyber Coverage (1st Party):

Does your organization enlist Multi-Factor Authentication for access to company email and other systems that store sensitive company and customer data? (Y/N) _____

Are user data and credentials for former employees removed from company systems immediately after termination of employment? (Y/N) _____

If Requesting Limited Cannabis Vendor Professional Liability:

Have all current personnel involved in the handling and transfer of Cannabis, Cannabis Products and/or Cannabis Concentrates attended and successfully completed a 'Responsible Vendor' Program? (Y/N) _____

Are all new personnel involved in the handling and transfer of Cannabis, Cannabis Products and/or Cannabis Concentrates required to complete a 'Responsible Vendor' program within 90 days of hire? (Y/N) _____ Insured agrees that after successful completion of a 'Responsible Vendor' program, each member of staff involved in the handling and transfer of Cannabis, Cannabis Products shall successfully complete the program once every two years thereafter to maintain designation as a 'Responsible Vendor'? (Y/N) _____

SECTION III: REQUESTED COVERAGES

	Location #1	#2	#3	#4	#5
COVERAGE	LIMITS	LIMITS	LIMITS	LIMITS	LIMITS
General Liability Occurrence					
Pers & Adv Injury					
Products Liability Occurrence					
General Liability Aggregate					
Damage to Rented Premises					
Medical Payments	N/A	N/A	N/A	N/A	N/A
Hired and Non-owned Auto					
Employee Benefits Liability					
Excess Liability					
Building (or)					
Tenant Improvements					
Business Personal Property					
Finished Stock					
Limited Product Withdrawal Expense (\$50,000)					
Business Income & Extra Expense (BIEE)					



Property in Transit (up to \$100k)					
Limited Cyber Coverage (\$25k)					
Limited Employment Practices Liability Coverage (\$50k)					
Limited Cannabis Vendor Professional Liability (\$50k)					
Property Enhancement COVG (See Endorsement)					

Is applicant requesting a Claims Made Form for Premises General Liability? (Y/N): _____ (Default is Occurrence Form)

Is applicant requesting Retroactive Coverage for Products and Completed Operations Liability? (Y/N): _____

If "Yes", please provide Retroactive Date: _____

INFORMATION REQUESTED FOR ASSOCIATED GROW OPERATIONS - CROP COVERAGE:

CROP	# OF PLANTS/SEEDS	INTERNAL VALUATION	COMMENTS
Seeds			
Clones, Pre-Vegetative, Seedlings			
Vegetative Plants			
Flowering Plants			
Harvested Plant Weight			Weight:
Mother Plants, Clone Producers			

SECTION IV: CURRENT COVERAGE

If you do not have current coverage in-force for any of the below policy types, please note in the table.

CURRENT COVERAGE	Effective	Expiration	Carrier	Premium	Retro Date
Property					
Premises General Liability					
Products Liability					
Commercial Auto					
Workers' Compensation					
3 YEAR LOSS SUMMARY	# of Claims	Total Incurred (additional space below)			
Property					
Premises General Liability					
Products Liability					

Has applicant ever had coverage declined, cancelled, or non-renewed? (Y/N) _____

If so, please describe: _____

ADDITIONAL COMMENTS OR NOTES:



SECTION V: NOTICES AND REPRESENTATIONS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE (CORPORATE OFFICER) OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. THEY REPRESENT THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE.

Applicants Name (Print): _____

Applicants Signature: _____ Date: _____

Insurance Broker Name (Print): _____

Insurance Broker Signature: _____ Date: _____

Agency Name: _____