



Medical Marijuana Supplemental Application

Complete and email to Corey Tobin at ctobin@boltonco.com

Section- 1 - General Information: Legal Business

Name: _____
 DBA: _____
 Mailing address: _____
 City State ZIP County
 Main contact: _____ Email Address: _____
 Phone number: _____ Fax Number: _____
 TYPE:
 Corporation Partnership LLC
 Individual Non-profit For Profit
 USE:
 Recreational Medicinal Both
 Operations - List all operations:
 Manufacturer/Processor Indoor Grow Outdoor Grow
 Retail Lab
 Other (describe) _____

Is the Insured a member of any cannabis trade associations? Yes No
 If yes; who? CCSE NTACH Other: _____

List your projected receipts/income by category for the next 12 months:
 a. Cultivation sales: \$ _____
 b. Manufacturing/Processing sales: \$ _____
 c. Recreational retail sales: \$ _____
 d. Medicinal retail sales: \$ _____
 e. Lab Operations: \$ _____
 f. Other: \$ _____
 Total for next 12 months \$ _____
 What are the total gross sales for the last 12 months: \$ _____
 New Venture--no prior gross sales

Section 2 - Claims History:

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

- 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
- Do you currently have insurance coverage? Yes No

Insurer	Policy Number	Coverage Limits	Premium	Expiration Date
- Has the applicant had any prior Liability and or Property claims in the past 5 years: Yes No
 (If yes, attach currently-valued (within past 90 days) loss runs including details)
- Complete the following for any applicant or any principal, partner, owner, officer, director, employee, 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:
 - Have any of the above been convicted for an act committed in violation of any law including traffic in the last 10 years Yes No
 If yes, give details: _____
 - Is the applicant in compliance with all local & state laws regarding the manufacture, control, dispensing of cannabis? Yes No
- Are you aware of any incident(s) that may result in a claim not reflected in question above? Yes No
 If yes, explain: _____

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Section 3 - Liability and Property coverage

Complete Section 3 for each location/building

Location/Bldg# _____ / _____ Physical address: _____

What are the operations at this location (Dispensary, Grow, Manufacturing/Processing Other-describe): _____

What are your hours of operation: _____

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.*

Roof: _____ Plumbing: _____ Electrical: _____ HVAC: _____

Construction type (Frame, Masonry, Glass etc.): _____ # of Stories: _____ Square Footage: _____

Are there Fire Sprinklers Yes No What percentage of the building is Sprinklered? _____ %

Questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are there any Dogs on the premises? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a. If yes, what type of breed(s)? _____ | | |
| 2. Does the applicant have an Active Central Station Alarm System? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are all windows and doors connected to the Central Station Alarm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does the applicant have an approved safe? Yes <input type="checkbox"/> No <input type="checkbox"/> | Weight | Fire Rating |
| <i>Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground.</i> | | |
| 5. Does the Applicant use a Vault to secure cannabis finished stock? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have a buzz in system or security personnel at the door? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Does the entrance to the location listed on this page have a Lobby, double entrance or man trap? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Does the applicant have Interior and Exterior cameras? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are there any fire arms on the property (including any fire arms carried by security guards)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does the insured sub-contract their security guards?
<i>if yes, the security company must list you as an additional insured</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Does the applicant maintain written records of all cannabis and cannabis containing products, including the purchase date, type of product and purchase price? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

Include Governmental Actions Coverage: Yes No \$5,000 each occurrence /\$10,000 aggregate

Include Non-Owned Auto: Yes No Follows the Liability coverage

Property Coverage and Endorsements at this location:

- | | | |
|--|--|--|
| Building Coverage: | \$ _____ | <input type="checkbox"/> Check box if triple net lease and included copy of lease. |
| Loss of Income: | \$ _____ | Number of Months _____ |
| Loss of Rents | \$ _____ | |
| Outdoor Signs: | \$ _____ | |
| Cannabis Inventory/Finished Stock: | \$ _____ | What percentage is required to be refrigerated? _____ % |
| Indoor Grow Equipment & Tools: | \$ _____ | |
| Outdoor Grow Equipment & Tools: | \$ _____ | |
| Business Personal Property: | \$ _____ | |
| Tenants Improvements: | \$ _____ | |
| Add Property Enhancement: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Add Cargo / Transport – Choose one of the following options: | | |
| Option #1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$2,500 per any One Loss; \$10,000 per Policy |
| Option #2 | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$5,000 per any One Loss; \$15,000 per Policy |

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Section 4 - Cultivation Operations and Coverages

Complete Section 4 for each cultivation location/building.

Check box if there are NO cultivation operations and skip Section 4

Location/Bldg# _____ / _____ Physical address: _____

Grow Operations (Check all that apply at this location/building)

- Commercial Residential Industrial Other _____
 Indoor Outdoor Greenhouse Other _____

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 5 and 6 _____

Crop Coverage Limits	Number of Plants	Per Plant Value	= Total Property Coverage
Seeds	#	x \$	\$
Immature Seedlings	#	x \$	\$
Vegetative Plants	#	x \$	\$
Flowering Plants	#	x \$	\$
Harvested Plants	#	x \$	\$
Crop Sub-Total			\$
Finished Stock	#	x \$	\$
Total Crop Values			\$

All Cultivation operations are required to warrant one 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, 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

Section 5 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 5 for each Outdoor/Greenhouse location/building.

Check box if there are NO Outdoor/Greenhouse operations and skip Section 5

Location/Bldg# _____ / _____ Physical address: _____

Grow Operations (Check all that apply at this location/building)

- Outdoor Greenhouse Other _____

Questions:

1. Does the property have fencing around the Grow/Cultivation area listed above? Yes No
 If yes, please provide details about the fencing used (i.e. Height, Electrified, Material). _____
2. Is there any barbwire, razor wire or electrified fencing used for security on property? Yes No
 If yes, are there signs on the property? _____
3. Are gates at all entrances of the property? Yes No
 If yes, are the gates locked at all times? _____
4. Are there any traps that are used for security on the property? Yes No
 If yes, please provide details: _____
5. What percentage of the crop you use is grown by you? _____ %
 - a. What percentage is indoor grown? _____ %
 - b. What percentage is greenhouse grown? _____ %
 - c. What percentage is outdoor grown? _____ %

(a., b. & c. must total 100%)

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Greenhouse Operations:

1. Will the greenhouse be fully enclosed with locking doors? Yes No
If no, please provide photos and details on how you plan on securing the greenhouse. _____
2. Does the greenhouse have power? Yes No
If yes, provide details on equipment that is using electricity. _____
3. Provide details on the materials used to construct the greenhouse walls. i.e. Aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc. _____

Outdoor Operations:

1. What is the total property size? _____ Acres
2. What is the total area of the growing operations? _____ Acres

Section 6 – Products Liability

Check box if you are Declining Product Liability and skip Section 6

1. List complete description of products manufactured, sold or distributed by the applicant: Yes No

 - a. Of what materials or principal components are these composed of? Yes No
2. Do you manufacture* the complete product? Yes No
a. If not, what component parts are purchased by you?
3. Is Vendors Coverage wanted? Yes No
4. Will any vendor repackage, re-label or modify your product? Yes No
a. If yes, explain: _____
5. List any product that has been discontinued or recalled in the past 5 years and why? Yes No

6. Is there a written products recall plan? Yes No
7. Any new products introduced in the past 5 years? Yes No
a. If yes, list product(s) and when introduced: _____
8. Are any new products proposed for introduction in the next 12 months? Yes No
a. If yes, list product(s) _____
9. Can products be identified from those of competitors? Yes No
a. If yes, how? _____

Quality Control/ Loss Control

1. Are your products tested and labeled to meet government and/or industry standards? Yes No
If yes, list standards: _____
 - a. Any products UL approved? Yes No
 - b. Any products FDA approved? Yes No
 - c. Any products not approved by UL, FDA, and/or anyone else? Yes No
If yes, by who? _____
2. List your memberships in any industry product – standard organizations (ex. ISO9000): Yes No

3. Is a written loss control program in effect? Yes No
4. Any written quality control procedure? Yes No

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Claims History:

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

1. Any claims in the past 5 years: Yes No
(If yes, attach currently-valued (within past 90 days) loss runs including details)
2. Are you aware of any incident(s) that may result in a claim not reflected in question above? Yes No
If yes, explain: _____

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 7 – Additional Interest(s)

Check box if there are no additional insured's needed at this time and skip Section 7

Additional Interest 1:

Landlord Loss Payee Governmental Agency
 Waiver Of subrogation – Primary Wording/Non-Contributory Wording –
provide copy of the lease if required by landlord provide copy of the lease if required by landlord

Location/Bldg# _____ / _____ Physical address: _____
Name: _____
Mailing address: _____
City State ZIP

Additional Interest 2:

Landlord Loss Payee Governmental Agency
 Waiver Of subrogation – Primary Wording/Non-Contributory Wording –
provide copy of the lease if required by landlord provide copy of the lease if required by landlord

Location/Bldg# _____ / _____ Physical address: _____
Name: _____
Mailing address: _____
City State ZIP

Additional Interest 3:

Landlord Loss Payee Governmental Agency
 Waiver Of subrogation – Primary Wording/Non-Contributory Wording –
provide copy of the lease if required by landlord provide copy of the lease if required by landlord

Location/Bldg# _____ / _____ Physical address: _____
Name: _____
Mailing address: _____
City State ZIP

Additional Interest 4:

Landlord Loss Payee Governmental Agency
 Waiver Of subrogation – Primary Wording/Non-Contributory Wording –
provide copy of the lease if required by landlord provide copy of the lease if required by landlord

Location/Bldg# _____ / _____ Physical address: _____
Name: _____
Mailing address: _____
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Fire and Theft losses of property may be excluded if:

- a. 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 Systems is not recording and backing up for 14 days prior to the loss.
- c. Seeds, finished cannabis stock/inventory, money and securities are outside the safe during non-business hours.
- d. More than 25% of the insurable value or \$50,000 of seeds or finished stock inventory are outside the safe during business hours.
- e. If the minimum safe requirements have not been met at the time of the loss.
- f. If the building is over 20 years old and no updates have been done in the last 20 years.
- g. All Vaults must be approved in writing by the underwriter.
- h. If the safe or vault does not have a 1 hour fire rating, fire will be excluded unless 100% covered by fire sprinklers.

Other Conditions: Underwriters may insert one or all of the following clauses in the policy, if issued:

- Deductible Clause
- Location Limitation
- Invalid Payments Clause (excluded losses due to bad checks, credit card fraud, etc.)
- Protections Clause (alarms & safes must be maintained as per declaration in proposal)
- Locked Showcase Warranty (if applicable for all retail risks with showcases)
- Opening & Closing Warranty (if applicable for retail locations)
- Survey Requirements Clause - survey requirements to be complied with in 30 days
- Service of Suit Clause (USA) (legal disputes may be brought against Underwriters in the U.S.)
- Loss Settlement Clause: Losses to be settled at Wholesale Cost Price unless otherwise agreed.

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 all Lloyd's of London participating syndicates, 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 WITHIN 30 DAYS OF BINDING.

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

Applicant Signature	/ / Date
Applicant Printed Name	Title
Name of appointed insurance brokerage	/ / Requested Effective Date
Broker Signature	

Additional Coverages Requested:

- Workers Compensation
 Directors & Officers
 Professional Liability
 Business Auto
 Include Cyber Liability quote with my proposal (\$1/\$1 Limits)

Complete and email to Corey Tobin at ctobin@boltonco.com.