

Section 3 – General Liability and Excess

Complete Sections 3 thru 7 for each building and or outdoor grow

DBA: _____

Location/BLDG # ____/____ Physical address: _____

What are the operations in this building only! Cultivation Processor Manufacturer Cannabis Retail
 Hydroponics Retail/Wholesale Smoke Shop Delivery Operations Doctor Laboratory Testing
 Cannabis Wholesale/Broker Office only - no cannabis sales Retail – No cannabis sales
 Transportation Other: _____

General Building Questions - ___ if outdoor operations, check the box and skip general building questions.

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 or inspected: Roof _____ Plumbing _____ Electrical _____ HVAC _____

Construction type _____ Number of stories: _____ Square footage _____

Roof Construction _____ Roof Covering _____

Are there Fire Sprinklers? Yes No What percentage of the insured's building is sprinklered _____%

Is there a central station fire/burglar alarm that is connected to all doors/windows: Yes No

General Liability Questions:

- | | | |
|---|-----|----|
| 1. Does the premise have a pool, pond or other water exposure? | Yes | No |
| 2. Does <u>anyone</u> live in the above scheduled building or on premises?* | Yes | No |
| 3. Are there <u>any</u> dogs on the premises?* | Yes | No |
| 4. Are there <u>any</u> firearms located in the scheduled building listed above?* | Yes | No |
| 5. Does the insured sub-contract their security guard services?* | Yes | No |

If yes: the sub-contracted security company must list you as an additional insured

***If any answer above is yes, please provide details on a separate Word doc.**

- | | | |
|--|-----|----|
| 6. Does the applicant maintain daily written records of all Cannabis, Hemp and CBD containing products, including the purchase date, type of product and purchase price? | Yes | No |
|--|-----|----|

General 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

Pesticide and Herbicide Applicators Endorsement (WA & MA Only)

↙ \$50,000 occurrence/aggregate limit
 \$250,000 occurrence/aggregate limit

Hired and Non-Owned Auto Endorsement:

Include Hired and Non-Owned Auto: Yes No

NOTE: Delivery operations are not eligible for HNOA endorsement. Transport for the purposes of business to business is approved. Any delivery to the consumer will be excluded.

- Do all drivers maintain a personal auto policy and keep it in force at all times?
- Is any driver allowed to drive with any DUI, DWI, or reckless driving violations?
- Are MVRs collected by all drivers employed by the applicant?
- Does applicant or employees of applicant make any deliveries directly to patients or customers from the retail location?

Excess Liability Coverage:

Excess Liability Coverage: ___ Check box if you want to decline excess coverage at this time

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

(each excess layer added will apply to both the occurrence and aggregate limits)

NOTE: Excess can not be applied if \$2,000,000 occurrence was requested under the General Liability.



Section 4 A. – Property

Complete Section 4 for each building

Check box if you want to decline property coverage at this time

Location/BLDG # _____/_____ Physical address: _____

1. Does the insured have an active central station burglar and fire alarm system? Yes No


Monitoring Company _____

2. Are all windows and doors connected to an Active Central Station Alarm? Yes No

3. Does the applicant have an approved safe: Yes No Weight Fire Rating

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

4. Does the applicant have an approved vault room? Yes No

What is an approved Vault? Double click here 

5. Do you have a buzz in system or security personnel at the door? Yes No

6. Does the applicant have interior and exterior cameras? Yes No

7. Distance to Nearest building (Provide distance in feet)

North: _____ East: _____

South: _____ West: _____

Property Coverage and Endorsements for the location listed above:


Optional Property Deductibles \$10,000 or \$50,000
(the deductible will default to \$2,500 if none are chosen)

Building Coverage: \$_____ Triple net lease Named insured owns the building

Loss of Income \$_____ Sole tenant & no other buildings attached
Equipment Breakdown requested? Yes No
(excludes plants/cannabis inventory or finished stock)

Cannabis Inventory \$_____ % of the cannabis inventory requires refrigeration

Indoor Grow Equipment & Tools \$_____

Outdoor Grow Equipment & Tools \$_____ \$_____ 3rd Party Care/Custody/Control (\$1mm max limit) 

Business Personal Property \$_____ Deductible for CCC:

Tenants Improvements \$_____ \$_____ Manufacturing Equipment

Property Endorsement Yes No

If "Yes", please complete next section 4B.

Form A - \$1,000 premium*

Form B - \$1,500 premium*

Form C - \$2,000 premium*

* See next page for detailed form information

Section 4 B. - Property Endorsement FORM A, B, OR C


Complete this section (4 B.) for each building where off premises coverage is wanted

Check box if there is **NO** coverage for off premises at this location and skip Section 4.B.

Location/BLDG # ___/___ Physical Address: _____

Coverages:

See links below for coverage options:

[Double click here to view form A](#) 

[Double click here to view form B](#) 

[Double click here to view form C](#) 

1. Will the insured transport cannabis living plants to other business? Yes No
2. Will the insured transport harvested, processed or finished cannabis to other business? Yes No
3. Will the insured deliver any cannabis products directly to the consumer? Yes No
4. Will the vehicles that transport the insured's property and or money and securities from the scheduled premises have an active alarm system? Yes No
5. If yes to question 4: does it include Low Jack or some other tracking service? Yes No
6. Are drivers allowed to make personal stops when transporting goods? Yes No
7. Are drivers allowed to take any cannabis inventory and/or money home? Yes No
8. Does the insured collect DMV records from all drivers prior to employment? Yes No
9. Does the insured allow any firearms or weapons in the vehicles? Yes No
10. Does the insured have a lock box that is bolted to the vehicles? Yes No
11. Does the insured provide lifts, ride share or other livery type operations? Yes No

Section 5 – All Cultivation/Processing Operations (Incl. 3rd Party Processing)

Complete section 5 for each building and outdoor operations

Check box if there are **NO** cultivation or processing operations at this location and skip Section 5

Location/BLDG # ___/___ Physical Address: _____

Check all that apply:

Location Zoning: Commercial Residential Industrial Agricultural Mixed use

Cultivation Operations: Indoor Outdoor Enclosed Greenhouse Open Greenhouse

Processing Operations Drying/Curing Quarantine Trimming Storage of Finished Stock

Cultivation 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 4 and 5 _____

Cannabis & Hemp Crop Coverage: Check box if you want to decline crop coverage _____ Initial

CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= Total Plant Values Wholesale
Seeds	#	x \$	\$
Immature Seedlings	#	x \$	\$
Vegetative Plants	#	x \$	\$
Flowering Plants	#	x \$	\$
Harvested Plants	#	x \$	\$
Crop Value			\$
Finished Stock	LBS.	x \$	\$

All Cultivation operations are required to warrant both 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 of my insurance effective date, all the wiring inspected by a licensed, insured 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 6 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 6 for each Outdoor/Greenhouse building

Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 6

Location/BLDG # ____/____ Physical Address: _____

1. Does the property listed above have fencing surrounding the cultivation area? Yes No
 - A. If yes, please provide details about the fencing used (i.e. Height, Electrified, and Material Used).
 - B. If yes, is the fenced in area locked at all times? Yes No
2. Is there any barbwire, razor wire or electrified fencing used for security on property? Yes No
 - A. If yes, are there warning signs on the property? Yes No
3. Are there gates at all entrances of the property? Yes No
 - A. If yes, are the gates locked at all times? Yes No
4. Are there any traps that are used for security on the property? Yes No
 - A. If yes, please provide details:
5. What percentage of your total cultivation at the location listed above is
 - A. Indoor grown? _____%
 - B. Greenhouse grown? _____%
 - C. Outdoor grown? _____%

_____ (A,B,C must total 100%)

Greenhouse Cultivation Operations:

6. Will the greenhouse be fully enclosed with locking doors? Yes No
 - A. If no, please provide photos and details on how you plan on securing the greenhouse.
7. Will the greenhouse have electricity? Yes No
 - A. If yes, provide details on equipment that uses electricity.
8. Provide details on the materials used to construct the greenhouse walls. i.e. aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc.

****Please provide photos of greenhouse(s) at time of submission.****

Outdoor Cultivation Operations:

1. What is the total property size _____ acres
2. What is the size of the total cultivation area were cannabis and or hemp operations take place _____ acres



Section 7 – Manufacturing/Cooking Operations:

Complete Section 7 for each building that has manufacturing / cooking operations

Check box if there are **NO** manufacturing or cooking operations and skip Section 7

Location/Bldg # ____/____ Physical address: _____

1. Will there be open flame cooking and or fryer operations at the property listed on above? Yes No
 If yes: Are open flame cooking and/or frying operations conducted under a non-combustible power ventilation hood? Yes No N/A
2. What products do you manufacture that require open flame cooking or frying:
3. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? Yes No N/A
 If yes, what type of fire suppression system is it?
4. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? Yes No N/A
5. Does the location list above have deep fat fryer with a high limit temperature switch? Yes No N/A
6. How often are your hoods and flues checked?
7. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? Yes No N/A
8. How often is your fire suppression system serviced?
9. Are fire suppression systems inspected/cleaned by an outside service and tagged for verification of this? Yes No N/A
10. How often are the filters in your grease hood cleaned?
11. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license in the past? Yes No
12. Will your operations include extraction of cannabis oils? Yes No
 If yes, what method do you use to extract:
 If CO2 - how many CO2 detectors are in building?:
 If solvents or gases are used, open or closed loop? open closed
13. Will your equipment be used and or rented to others who are not the named insured? Yes No
 If yes, will you require them to carry their own insurance and name you on their policy? Yes No
14. Is the address listed above the only location where your operations are performed? Yes No

If no, list all address and the operations performed at each of the locations. i.e. short term leases, short term kitchen or lab rentals.