



Section 3 - General Liability and Excess

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

complete sections 5 time 7 for each ballating and or our	tabor grow			
DBA:				_
Location/BLDG #/ Physical address: What are the operations in this building only! Cultivation Hydroponics Retail/Wholesale Smoke Shop Del Cannabis Wholesale/Broker Office only - no cannab Transportation Other:	n Processor Man	ufacturer ctor	-	
General Building Questions if outdoor operations	, check the box and skip ϵ	general buildi	ng questions.	
Year building built: if the building is older than 20 y	vears the applicant will n	eed to provid	le the <u>year</u> the	2
following were last worked on or inspected: Roof	Plumbing Elec	trical	HVAC	_
Construction type N	Number of stories:	Square foo	tage	_
Roof Construction R	Roof Covering			
Are there Fire Sprinklers? Yes No What perce	entage of the insured's bu	ıilding is sprir	nklered	%
Is there a central station fire/burglar alarm that is connected	d to all doors/windows:	Yes	No	
 General Liability Questions: Does the premise have a pool, pond or other water expo Does anyone live in the above scheduled building or on Are there any dogs on the premises?* Are there any firearms located in the scheduled building Does the insured sub-contract their security guard serving types: the sub-contracted security company must list you *If any answer above is yes, please provide details on a serving the applicant maintain daily written records of all CBD containing products, including the purchase date, the purchase price? 	premises?* g listed above?* ces?* as an additional insured eparate Word doc. Cannabis, Hemp and	Yes Yes Yes Yes	No No No No	
General Liability Coverage:				
\$1,000,000 each occurrence/\$1,000,000 aggregate \$1,000,000 each occurrence/\$2,000,000 aggregate			Endorsement ate limit	
Hired and Non-Owned Auto Endorsement:				
nclude Hired and Non-Owned Auto: Yes No NOTE: Delivery operations are not eligible for HNOA endorses to business is approved. Any delivery to the consumer will be		ourposes of b	usiness	
 Do all drivers maintain a personal auto policy at Is any driver allowed to drive with any DUI, DW Are MVRs collected by all drivers employed by t Does applicant or employees of applicant make customers from the retail location? 	 or reckless driving viola the applicant? 	tions?		

Excess Liability Coverage:

__ Check box if you want to decline excess coverage at this time Excess Liability Coverage: \$2,000,000 \$1,000,000 \$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.









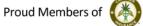






Section 4 A. – Property

Complete Section 4 for each bui	•					
Check box if you want to declir Location/BLDG #/ Phys	· · · · · · · · · · · · · · · · · · ·					
Location/BLDG #/Phys	icai audress.					
1. Does the insured have an		_	•	Yes No		
Monitoring Company					-	
2. Are all windows and door	s connected to an Acti	ve Central Station Ala	ırm?	Yes No		
3. Does the applicant have a	n approved safe:	Yes No	Weight	Fire F	Rating	
Minimum safe and vault requir	ements: 800lb with a 1	hour fire rating; unde	r 2000lb mus	t be bolted to the g	ground	
4. Does the applicant have a		n?		Yes No		
What is an approved Vault? Double	T	1				
5. Do you have a buzz in syst				Yes No		
6 . Does the applicant have in	iterior and exterior ca	meras?		」Yes No		
7. Distance to Nearest building	g (Provide distance in fo	eet)				
A) il		-				
NOITH.		East:				
South:		West:				
Property Coverage and Endo	rsements for the l	ocation listed abo	ove:			
Optional Property Deductibles (the deductible will default to \$2,5		\$50,000				
Building Coverage:	\$	Triple net lease		sured owns the bu	uilding	
Loss of Income	\$	Sole tenant & no			Na	
Outdoor Signs	\$	Equipment Breakdown requ (excludes plants/cannabis ir				
<u>-</u>		04 611				
Cannabis Inventory	\$	% of the cannabi	s inventory re	equires refrigeration	on	
Indoor Grow Equipment & Tools	\$					
Outdoor Grow Equipment & Tools	\$	\$		are/Custody/Cont	rol 📮	
Pusinass Parsanal Branarty	\$		(\$1mm max lin	· ·	Į.	
Business Personal Property	Ş		Deddelible	TOT CCC.		
Tenants Improvements	\$	\$	Manufactu	ring Equipment		
Property Endorsement	Yes No					
		Form A - \$1,000 pre	mium*			
If "Yes", please complete		·				
next section 4B.		Form B - \$1,500 pre	ennum"			
		Form C - \$2,000 pre	emium*			
* See next page for detailed form i	nformation					















Yes

No

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 | Yes | No Will the insured transport cannabis living plants to other business? Will the insured transport harvested, processed or finished cannabis to other business? | Yes | No Will the insured deliver any cannabis products directly to the consumer? Yes No 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 Are drivers allowed to make personal stops when transporting goods? | Yes | No Are drivers allowed to take any cannabis inventory and/or money home? Yes No 7. Does the insured collect DMV records from all drivers prior to employment? Yes No 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?





Section 5 – All Cultivation/Processing Operations (Incl. 3rd Party Processing) Complete section 5 for each building and outdoor operations

		processing operations at		•
Check all that apply: Location Zoning:	Commercial Reside	ential 🔲 Industrial 🔲 A	gricultural 🗌	Mixed use
Cultivation Operations: Processing Operations Cultivation Questio	Drying/Curing	or Enclosed Greenhou Quarantine Trimm	— ·	reenhouse of Finished Stock
<u> </u>	·up system for the electric	cal supply?		☐ Yes ☐ No
2. Does the applic	cant test 100% of the can		Ph#	Yes No
3. Estimated num	ber of harvests per year			
4. Average yield o	of harvested cannabis per	plant		(oz)
5. Average whole	esale value per pound of f	inished cannabis stock		
	olant value based on ques			
Cannabis & Hemp C	rop Coverage:	Check box if you w	ant to decline o	rop coverage Initial
				IIIILIAI
CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= Total Pla	ant Values (<mark>Wholesale</mark>)
CROP COVERAGE LIMITS Seeds	Number of Plants #	Per Plant Value	= Total Pla	
Seeds	#	x \$	\$	
Seeds Immature Seedlings	#	x \$ x \$	\$	
Seeds Immature Seedlings Vegetative Plants	# # #	x \$ x \$ x \$	\$ \$ \$	
Seeds Immature Seedlings Vegetative Plants Flowering Plants	# # #	x \$ x \$ x \$ x \$	\$ \$ \$ \$	
Seeds Immature Seedlings Vegetative Plants Flowering Plants	# # #	x \$ x \$ x \$ x \$ x \$ x \$	\$ \$ \$ \$	
Seeds Immature Seedlings Vegetative Plants Flowering Plants Harvested Plants Finished Stock All Cultivation of the control o	# # # # LBS. pperations are requireuse, a licensed, insured contact to the conta	x \$ x \$ x \$ x \$ x \$ x \$ Crop Value	\$ \$ \$ \$ \$ \$ \$ the following: Fork at my grow forms:	ant Values (Wholesale)
Seeds Immature Seedlings Vegetative Plants Flowering Plants Harvested Plants Finished Stock All Cultivation of the seed of t	# # # # # LBS. Deparations are requirements are requirements as a licensed, insured of the control of the cont	x \$ Crop Value x \$ red to warrant both of contractor for all electrical warrant war	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ the following: work at my grow factors at	ant Values (Wholesale) : acility.







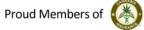






Section 6 – Cultivation Outdoor/Greenhouse Operations:

Compl	ete Sect	ion 6 for each Outdoor/Greenhouse building		
Che	ck box i	f there are <u>NO</u> Outdoor/Greenhouse operations and skip Section 6		
Locatio	n/BLDG	#/ Physical Address:		
1.	Does t	he property listed above have fencing surrounding the cultivation area? If yes, please provide details about the fencing used (i.e. Height, Electrified, and	Yes [Material Us	No sed).
	В.	If yes, is the fenced in area locked at all times?	Yes	No
2.	Is there	e any barbwire, razor wire or electrified fencing used for security on property? If yes, are there warning signs on the property?	Yes Yes	No No
3.	Are the	ere gates at all entrances of the property? If yes, are the gates locked at all times?	Yes Yes	No No
4.	Are the	ere any traps that are used for security on the property? If yes, please provide details:	Yes	No
5.	What p	percentage of your total cultivation at the location listed above is Indoor grown?%		
	В.	Greenhouse grown?%		
	C.	Outdoor grown?%		
			st total 100	%)
Green	house C	Cultivation Operations:		
6.	Will th A.	e greenhouse be fully enclosed with locking doors? If no, please provide photos and details on how you plan on securing the greenh	Yes nouse.	No
7.	Will th A.	e greenhouse have electricity? If yes, provide details on equipment that uses electricity.	Yes	No
8.		e details on the materials used to construct the greenhouse walls. i.e. aluminum frws, steel frames, canvas, polycarbonate, etc.	ame, glass	
	**	Please provide photos of greenhouse(s) at time of submi	ission.**	;
Outdo	or Culti	vation Operations:		
1.	What i	is the total property size acres		
2.	What i	is the size of the total cultivation area were cannabis and or hemp operations take	e 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:			
 2. 	Will there be open flame cooking and or fryer operations at the property listed on above? If yes: Are open flame cooking and/or frying operations conducted under a non-com ventilation hood? What products do you manufacture that require open flame cooking or frying:		No ver No	N/A
۷.	what products do you mandracture that require open hame cooking or rrying.			
3.	Does your establishment have an UL-300 compliant automatic fire suppression system wir all cooking surfaces?	th nozzles ex Yes	xtended o	over 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 yo	ur 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.







