



Cannabis Cargo Program Application

Quote Need By Date: _____
Agent/Broker: _____

General Information

Named Insured: _____ DOT/MC# _____
DBA Name(s): _____
Entity Type: ☐ Corporation ☐ Partnership ☐ LLC ☐ Sole Proprietor/Individual ☐ Other (describe)____
Mailing Address: _____ City/State/ZIP: _____
Physical Address: _____ City/State/ZIP: _____
Contact Person: _____ Title: _____ Email: _____
Office Phone: _____ Cell Phone: _____ Fax: _____ Website: _____

Operations (check all that apply)

☐ Recreational ☐ Medicinal ☐ Both ☐ Other(describe)_____ ☐ No Cannabis Sales
☐ Hydroponics ☐ Retail ☐ Smoke Shop ☐ Delivery Service ☐ Dispensary ☐ Cultivator Distributor
☐ Testing Lab ☐ Manufacturer ☐ Other (describe)_____

Type of Coverage/Carrier ☐ Owned Property ☐ Contract Carrier/Property of Others
Vehicles Used ☐ Owned Vehicles ☐ Leased Vehicles ☐ Employee Vehicles ☐ Contracted Carriers
Number of Vehicles _____ **Number of Years In Business** _____
Transport Frequency ☐ Daily (more than 2) ☐ 1-3 Weekly ☐ 1-5 Per Month
Current Year Gross Receipts: _____ **Projected Next Year Gross Receipts** _____

Desired Coverage & Limits - Max Per Vehicle is \$500,000:

Coverage Limits: Owned or Carried Cargo/Goods (required)

☐ \$150,000 ☐ \$200,000 ☐ \$250,000 ☐ \$300,000 ☐ \$350,000 ☐ \$400,000 ☐ \$450,000 ☐ \$500,000

Deductible:

☐ \$5,000 ☐ \$10,000 (financials required)

Coverage Limits: Money/Securities

☐ No Coverage ☐ \$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000

Deductible:

☐ \$5,000 ☐ \$10,000 (financials required)

Gross Receipts for Past 3 Years

Year/Dates:	Gross Receipts – Company Owned Vehicle	Gross Receipts Leased or Employee Vehicles



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Physical Locations:

Address	Security Controls	Address	Security Controls

Vehicle Schedule: *(use second page if necessary) Driving Radius is Required for Each Vehicle*

Year	Make/Model	Vin #	GVW	Radius	Garaging Location

Type of Property Hauled: *Avoid general terms. State approximate percentage of max value per conveyance*

Type of Cargo	% Operations	Average Value	Maximum Value

Driver Information – List all drivers full and part time (attach MVR for each driver)

MVR Attached? Yes ☐ No ☐

Name	D.O. B	License No. and State	Regular Driver	Alternate Driver

Prior Cargo, Auto or Property Losses:

Year	Insurance Company	Policy #	Premium	# Losses	Amount Paid	Claim Open/Closed

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UNDERWRITING QUESTIONS All questions must be answered. Failure to disclose information could invalidate coverage.	YES	NO
Does the insured possess a valid cannabis license for business operations and transportation? Type: _____ Lisc. Number: _____		
Do you currently have commercial Autoinsurance coverage for all vehicles?		
Have any of the drivers above been convicted of a felony or DUI in the last 10 years?		
Has the insured ever filed for bankruptcy?		
Explain: _____		
Do you haul any hazardous, flammable, explosive, corrosive or chemical materials?		
Are drivers allowed to make unscheduled stops during transport?		
Are drivers allowed to take any cannabis inventory and or money home?		
Does the insured collect motor vehicle reports or DMV records from all drivers prior to employment?		
Does the insured monitor employee's driving records during active employment?		
If yes how often? _____		
Does the insured use a driving record monitoring program similar to the CHP Pull program?		
Does the insured allow any firearms or weapons in the vehicles?		
Does the Insured have a lock box that is bolted to the vehicles?		
Does the insured provide lifts, ride share or other livery type operations?		
Does the insured provide time sensitive delivery?		
Does the insured have written a written safety program that includes driving safety, security threats, vehicle breakdown, bad weather, refusal of delivery response?		
Are non-employee/contracted passengers allowed to accompany drivers? If yes, explain: _____		
PROTECTION		
Does the insured have interior and exterior cameras at the physical location(s)?		
Are bodies of all trucks, vans and trailers completely closed and equipped with snap locks?		
Are loaded vehicles ever left unattended or trailers unattached?		
If yes, explain: _____		

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UNDERWRITING QUESTIONS All questions must be answered. Failure to disclose information could invalidate coverage.		
What security is provided for loaded vehicles? (check all that apply) At Locations: ☐ Fenced Lot ☐ Security Guards ☐ In a Locked Building ☐ Theft Alarm ☐ Lighted Kingpin Locks In Transit: ☐ Lack of GPS device ☐ Vehicle Theft Alarm ☐ Kingpin Locks ☐ Fire Extinguishers ☐ Other (describe) _____		
Are all Non-Owned/Employee Vehicles 10 years old or newer with verified insurance and maintenance records?		
Does the insured collect and maintain proof of insurance for all drivers?		
Are background checks done for all employees who transport money & securities?		
Are all drivers/operators over 25 years of age?		
Does the insured require contracted service providers provide proof of insurance with AI, Waiver and Hold Harmless Agreement?		
Are deliveries/shipments solely in insured's state of operation?		
Is a bill of lading, shipping receipt or contract of carriage used for each shipment?		
Are background checks done for all handlers of money and securities?		
If yes, how frequently? Ongoing Monitoring Program with notification?		
a. Every 6 Months		
b. Every Year		
c. Other: _____		

FRAUD WARNING 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. **FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):** 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. **FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim



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for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Other terms remain unchanged unless otherwise indicated in the policy contract. ***This application is a part of the policy contract upon issuance***

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

DATE: _____

THE COVERAGES REQUESTED IN THIS APPLICATION ARE SUBJECT TO A MINIMUM EARNED PREMIUM OR BINDER PREMIUM



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SPECIAL RESTRICTIONS AND CONDITIONS – OPERATION WARRANTY

As a condition of the insurance provided by the policy, you certify and agree to the following:

1. To review each driver's automobile driving record as published by the driver's home state at time of hire and at least once every six months or, in the case of a prospective driver, before that driver drives on your behalf; **CURRENT INFORMATION AS WELL AS OLD INFORMATION MUST BE MAINTAINED FOR A PERIOD OF 3 YEARS;** and
2. That no driver will be allowed to operate a vehicle or other conveyance on your behalf if that driver does not have a valid automobile driver's license and an insurance ID card or some other form of acceptable proof of financial responsibility for the operation of a motor vehicle; and,
3. That no driver will be allowed to operate a vehicle on your behalf if that driver has any two or more of the following citations, violations, accidents, or combinations thereof

VIOLATIONS

No more than two moving violations in 3 years or 36 months and one at fault accident;

No convictions involving dishonesty breach of trust or theft

No major traffic citations or incidents in the past 4 years 48 months. Major citations are as follows:

- Driving under the influence
- Driving while impaired
- Convictions or arrests for theft or other dishonest acts
- Driving in possession of alcohol or drugs other than cannabis
- Refusal to submit to a blood, urine, or breath test
- Driving with a suspended or revoked license
- A Felony in which a vehicle is used (i.e. vehicular manslaughter, vehicular homicide, vehicular assault, hit and run, eluding a police officer.)
- Reckless Driving
- Driving 30 or more mph over the speed limit; speed contest; racing

OTHER CONSIDERATIONS: You agree that no driver will be allowed to operate a vehicle on your behalf if that driver does not comply with the following:

- Driver must be at least 25 years of age with a minimum of two years driving experience and hold a valid driver's license for the residing state.
- Driver must be at least 25 and hold a valid cannabis related identification card which indicates they are legally able to possess the amount of product being transported
- All vehicles driven on behalf of the Insured meet the state's safety requirements.
- Drivers/transporters will not be accompanied by passengers other than your employees or contracted security service providers.
- All contracted security services must provide a certificate of insurance from an A rated carrier. Proof of insurance should evidence proof of General Liability, Commercial Auto and Workers Compensation coverage (WC requirement is not applicable to sole proprietorships). In addition, contracted security services must provide

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the following:

- Additional insured endorsement specifically naming you/your corporation as additional insured with primary coverage and a waiver of subrogation.
 - Hold Harmless agreement, solely in your favor, releasing you from any liability or loss arising from activities covered under policies issued by us.
 - A driver charged with any major citation, arrest or conviction will be suspended from driving duties until all charges have been dismissed or a judgment is entered in favor of the driver. Until this is resolved, the driver may not drive.
 - Any driver observed driving in an unsafe manner or driving an unsafe vehicle will be barred immediately from driving duties
4. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time.
 5. You agree not to waiver any of the carrier's rights under any contract and understand such agreements will not be honored by the policy contract
 6. You agree to provide a list of drivers at binding and at renewal each year and to notify us of any new drivers within 30 days.
 7. You agree to keep accurate records of delivery, routes and receipts. The policy is subject to audit at the companies discretion.
 8. All employees have documented training on active documented procedures to protect cargo. Procedures must include response in case of security events, driver illness, vehicle breakdown, detours, accidents bad weather and refusal to accept delivery.

SPECIAL RESTRICTIONS AND CONDITIONS – HIGH VALUE SHIPPING WARRANTY

As a condition of coverage provided by the company, you certify and agreed to the following terms. Failure to provide documentation proving all such conditions existed at the time of loss will result in reduction or denial of coverage.

The following additional security controls must be employed for any single-conveyance shipment valued at 50% or more of the total insured value per vehicle:

- 1) Vehicles must be loaded in a secure location with no street or public visibility.
- 2) An approved tracking device must be installed in a covert location in all vehicles used for transport of insured money securities and cargo and, where available, must be capable of utilizing at least two methods of signaling such as 3G, or SMS/GPRS using GSM or CDMA and must be equipped with at least one covert antenna.
- 3) Contract of carriage or bill of lading must be signed and verified by shipper and carrier prior to transport.
- 4) Vehicles must be accompanied by a follow-car. Follow car must be (this requirement can be waived with a description of approved threat identification procedure):
 - a) An unmarked non-descript vehicle that follows the cargo from point of origin to destination.
- 5) Vehicle must not make unscheduled stops for any reason, other than as required by law enforcement or need to protect property covered property from loss or damage.

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- 6) Products/Money & Securities must be counted/weighed and sealed prior to provision to driver or delivery person. There must be written documentation to account for value/weight/number of items that is reviewed and signed by manager or owner.
- 7) Insureds employee training program must include threat awareness, robbery response, recognition of threats and appropriate response to threatening events.
- 8) Insured's employee training must include documented procedures in place to protect cargo in case of security incidents, driver illness, vehicle breakdown, strikes, detours, bad weather and refusal to accept delivery any third-party security service must provide documentation of the same.
- 9) Trailers and packaging include tamper evident security seals.
- 10) 2-way communication systems are present during entire journey. Systems are monitored by carrier's office or 3rd party monitoring center.
- 11) Carrier must have documented protocol in place to check functionality of all tracking devices prior to departure.
- 12) If there are discrepancies between type or quantity of goods/items specified in shipping manifest and the quantity received by carrier the cargo/items may not be accepted by the carrier. If such cargo is accepted coverage is nullified.

I have read this SPECIAL RESTRICTIONS AND CONDITIONS in its entirety and agree on behalf of all insureds, to comply with all of its terms and conditions. I understand failure to adhere to these conditions may result in reduction or nullification of coverage.

Signature of Insured or Officer of Insured Entity

Title

Print Name

Date

Other terms remain unchanged unless otherwise indicated in the policy contract.

This application is a part of the policy contract upon issuance