

Affidavit of Lab Testing

l,	, authorized representative of
	, hereby certify and attest that we
are using	, for our cannabis testing
as required by state laws in the mag	gnitude of 50% or more of our total
testing allocation of products in the st	ates where ACT Laboratories and/or
SC Labs have a presence.	
We understand that by using this	lab we may qualify for additional
insurance discounts and preferre	d pricing for insurance products
underwritten by CannGen Insurance	Services and that should we switch
testing labs this discount would disap	ppear at our next insurance renewal.
Signature:	
Title:	
Date:	