

## SECTION 7 - GENERAL POLICY QUESTIONS

**\*\*COMPLETE SECTIONS 7-10.C FOR EVERY BUILDING OR OUTDOOR GROW\*\***

- Please list of operation(s):** (in this building only) ☐ Cultivation ☐ Processor ☐ Retail - Cannabis ☐ Retail - CBD ☐ Manufacturer  
☐ Wholesale ☐ Distribution ☐ Transportation ☐ Delivery Operations ☐ Smoke Shop ☐ Retail - Hydroponics ☐ Lab ☐ Other: \_\_\_\_\_
- ☐ Yes ☐ No Does the premises have a pool, pond, or other water exposure?
  - ☐ Yes ☐ No Does anyone live in the above scheduled building or on the premises?
  - ☐ Yes ☐ No Are there any dogs on the premises?
  - ☐ Yes ☐ No Does the applicant utilize security guards? If yes, what type: \_\_\_\_\_
  - What is the distance to the nearest building? Please provide distance in feet: North: \_\_\_\_\_ South: \_\_\_\_\_ West: \_\_\_\_\_ East: \_\_\_\_\_
  - Please provide details for this building below:
 

6.a Year of Construction: _____	6.d Construction Type: _____	If other: _____
6.b Number of Stories: _____	6.e Roof Type: _____	If other: _____
6.c Square Footage: _____	6.f Roof Construction: _____	If other: _____
  - If the building is older than 20 years, please provide the year each utility was updated:  
 Roof Age: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_

## SECTION 8 - GENERAL LIABILITY QUESTIONS

*If General Liability Coverage was declined (Section 3) skip to section 9.*

- ☐ Yes ☐ No Are there any firearms located in the scheduled building listed above?
- ☐ Yes ☐ No Does the applicant maintain daily written records of all cannabis, CBD, and hemp containing products, including the purchase date, type of product, and purchase price?

## SECTION 9 - PROPERTY COVERAGE

**\*\*Please complete for each location & building\*\***

☐ **SELECT BOX TO DECLINE COVERAGE**

- ☐ Yes ☐ No Are there fire sprinklers? If yes, what percentage of the building is sprinklered? \_\_\_\_\_ %
- ☐ Yes ☐ No Is there an active central station fire alarm?
- ☐ Yes ☐ No Is there an active central burglar alarm system connected to all windows and doors?
- ☐ Yes ☐ No Does the applicant have an approved safe? If yes, answer the below questions (4a-4c):
  - How many safes does the applicant have: \_\_\_\_\_
  - What is the weight of the safe?: \_\_\_\_\_ pounds.
  - What is the fire rating time of the safe?(HH:MM): \_\_\_\_\_:

*For specific details please read the Safe Warranty information included with this application.*
- ☐ Yes ☐ No Does the applicant have an approved vault room? If yes, what type? \_\_\_\_\_
- ☐ Yes ☐ No Does the applicant have a buzz – in system or security personnel at the door?
- ☐ Yes ☐ No Does the applicant have interior and exterior cameras?

## SECTION 9a - BUILDING OWNERSHIP & LEASE INFORMATION

*If outdoor grow only - skip to section 10*

- ☐ Yes ☐ No Sole tenant and no other buildings attached?
- ☐ Yes ☐ No Is this a triple net lease?
- ☐ Yes ☐ No Does the named applicant own the building?

## SECTION 9b - PROPERTY DEDUCTIBLE & COVERAGE LIMITS

**Property Deductible:** \_\_\_\_\_

<b>BUILDING COVERAGE:</b>	\$	<b>MANUFACTURING EQUIPMENT:</b>	\$
<b>TENANTS IMPROVEMENTS/BETTERMENTS:</b>	\$	<b>INDOOR GROW EQUIPMENT &amp; TOOLS:</b>	\$
<b>BUSINESS INCOME:</b>	\$	<b>OUTDOOR GROW EQUIPMENT &amp; TOOLS:</b>	\$
<b>BUSINESS PERSONAL PROPERTY:</b>	\$	<b>OUTDOOR SIGNS:</b>	\$
<b>MARIJUANA INVENTORY:</b>	\$	<b>___ % OF MARIJUANA INVENTORY REQUIRING REFRIGERATION</b>	
<b>HARV/FINISHED/STOCK IN PROCESS</b>	\$		
<b>3RD PARTY CARE / CUSTODY / CONTROL</b>	\$	<b>**The default 3rd Party Care / Custody / Control deductible is \$10,000</b>	

## SECTION 9c - PROPERTY EXTENSION ENDORSEMENT OPTIONS

- ☐ Yes ☐ No Property Extension Endorsement Options: \_\_\_\_\_  
*If yes, please complete the following questions 1a-1j:*

[Property Extension Form Descriptions](#)

  - ☐ Yes ☐ No Will the applicant transport marijuana / cannabis living plants to other businesses?
  - ☐ Yes ☐ No Will the applicant transport harvested, processed, or finished marijuana / cannabis to other business?
  - ☐ Yes ☐ No Will the applicant deliver any marijuana / cannabis products directly to the consumer?
  - ☐ Yes ☐ No Will the vehicles that transport the applicants' property and / or money and securities from the scheduled premises have an active alarm system?
    - ☐ Yes ☐ No *If yes, does it include LoJack or some other tracking service?*
  - ☐ Yes ☐ No Are drivers allowed to make personal stops when transporting goods?
  - ☐ Yes ☐ No Does the applicant screen / collect DMV records from all drivers?
  - ☐ Yes ☐ No Does the applicant allow any firearms or weapons in the vehicles?
  - ☐ Yes ☐ No Does the applicant have a lock box that is bolted to all vehicles?
  - ☐ Yes ☐ No Are drivers allowed to take any cannabis inventory and / or money home?
  - ☐ Yes ☐ No Does the applicant provide lifts, ride share or other livery type operations?

## SECTION 9d - EQUIPMENT BREAKDOWN (FOR ABOVE LISTED LOCATION / BUILDING)

- ☐ Yes ☐ No Equipment Breakdown Coverage? **\*\* Subject to approval \*\***
- ☐ Yes ☐ No Does the applicant use a generator as their primary source of power?

**SECTION 10a - OPERATIONS: PROCESSING (FOR ABOVE LISTED LOCATION / BUILDING)**

☐ CHECK BOX IF NOT APPLICABLE

**Processing Operations:** (Select all that apply) ☐ Drying / Curing ☐ Quarantine ☐ Trimming ☐ Storage of finished stock ☐ Bagging / Tagging ☐ Rolling ☐ None

**SECTION 10b - OPERATIONS: CULTIVATION / CROP (FOR ABOVE LISTED LOCATION / BUILDING)**

☐ CHECK BOX IF NOT APPLICABLE

**Location Zoning:** (Select all that apply) ☐ Commercial ☐ Residential ☐ Industrial ☐ Agricultural ☐ Mixed Use

1. ☐ Yes ☐ No If cultivating, is there a back-up system for the electrical supply?
2. ☐ Yes ☐ No Does the applicant test 100% of the cannabis products grown?
3. ☐ Yes ☐ No Does the applicant use or plan to implement sulfur burning in the cultivation process?
4. Please select type of lighting used in building: \_\_\_\_\_ If other: \_\_\_\_\_

**The following questions (a-b) are only necessary if not 100% LED**

- a. Type of ballast(s) used in your operation: \_\_\_\_\_
- b. ☐ Yes ☐ No Does Applicant ever use Metal Halide and High Pressure Sodium Bulbs interchangeably in ballasts
5. ☐ Yes ☐ No Applicant has used, or will use, a licensed, insured contractor for all electrical work at this grow facility.
6. Estimated number of harvests per year \_\_\_\_\_
7. Average yield of harvested cannabis per plant (per oz) \_\_\_\_\_
8. Average wholesale value per pound of finished cannabis stock (per pound) \_\_\_\_\_
9. Maximum per plant value based on questions 8 and 9 \_\_\_\_\_

STAGE	NUMBER OF PLANTS	PER PLANT VALUE	TOTAL PLANT VALUES (WHOLESALE)
SEEDS			
IMMATURE SEEDLINGS			
VEGETATIVE PLANTS			
FLOWERING PLANTS			
HARVESTED PLANTS			
FINISHED STOCK (LBS)			
<b>TOTAL CROP VALUE</b>			

**SECTION 10c - OPERATIONS: OUTDOOR CULTIVATION / GREENHOUSE (FOR ABOVE LISTED LOCATION / BUILDING)**

☐ CHECK BOX IF NOT APPLICABLE

**Construction Materials** (Select all that apply): ☐ Polycarbonate ☐ Polyurethane ☐ Polyethylene ☐ Glass ☐ Canvas ☐ Other: \_\_\_\_\_

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

1. ☐ Yes ☐ No Does the property listed above have fencing surrounding the cultivation / greenhouse area?
  - a. ☐ Yes ☐ No If yes, is the fenced area locked at all times?
2. ☐ Yes ☐ No Is there any barbed wire, razor wire, or electrified fencing used for security on property?
3. ☐ Yes ☐ No Are there warning signs at the property?
4. ☐ Yes ☐ No Are there gates at all entrances of the property?
5. ☐ Yes ☐ No Are there any traps used for security on the property? If so, please provide details: \_\_\_\_\_
6. ☐ Yes ☐ No Is electricity running to this structure?
7. What is the total property size in acres? \_\_\_\_\_
8. What is the size of the total cultivation area where cannabis and or hemp operations take place in acres? \_\_\_\_\_

**SECTION 10d - OPERATIONS: MANUFACTURING / EXTRACTION (FOR ABOVE LISTED LOCATION / BUILDING)**

☐ CHECK BOX IF NOT APPLICABLE

1. ☐ Yes ☐ No Is this an extraction facility? If no, please describe operations: \_\_\_\_\_
  - a. If yes to extraction, what method is being used: \_\_\_\_\_ If other: \_\_\_\_\_
  - b. If CO2 extraction, how many CO2 detectors are in the building? \_\_\_\_\_
  - c. If solvents or gases are used, what type of loop system is used: \_\_\_\_\_
2. ☐ Yes ☐ No Will the applicant's equipment be used and or rented to others who are not the named applicant?
  - a. ☐ Yes ☐ No If yes, will the applicant require rent to carry their own insurance and name you on their policy?
3. ☐ Yes ☐ No Is the address listed above the only location where operations are performed?
4. ☐ Yes ☐ No Is the applicant doing any traditional cooking at this location? If yes, please complete question 4a.
  - a. ☐ Yes ☐ No Will there be open flame cooking and or fryer operations at the property listed above? If yes, please complete questions 4b-4h.
  - b. Description of products that require open flame / frying: \_\_\_\_\_
  - c. ☐ Yes ☐ No Are the open flame cooking / frying operations conducted under a non-combustible power ventilation hood?
  - d. ☐ Yes ☐ No Does the applicant's establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? If yes, what type of fire suppression system is it? \_\_\_\_\_
  - e. ☐ Yes ☐ No Is there an automatic gas / propane supply cutoff?
  - f. ☐ Yes ☐ No If you have a deep fat fryer, does it have a high limit temperature switch?
  - g. ☐ Yes ☐ No Are hoods and flues inspected / cleaned by an outside service and tagged for verification at least every 6 months?
  - h. ☐ Yes ☐ No Has the applicant had any past health or liquor violations which have resulted in the closing of their business or suspension of their license?