

**SECTION 7 - GENERAL POLICY QUESTIONS**

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

- Use Type: \_\_\_\_\_ If other: \_\_\_\_\_
- 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: \_\_\_\_\_
    - If yes, are the security guards armed? \_\_\_\_\_
  - 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**

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: HARV/FINISHED/STOCK IN PROCESS</b>	\$	<b>__ % OF MARIJUANA INVENTORY REQUIRING REFRIGERATION</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: \_\_\_\_\_ [Property Extension Form Descriptions](#)

If yes, please complete the following questions 1a-1j:

  - 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?