

SECTION 7 - GENERAL POLICY QUESTIONS

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

Use Type: If other:

Please list operation(s): (in this building only) ☐ Cultivation ☐ Processor ☐ Retail - Cannabis ☐ Retail - CBD ☐ Manufacturer☐ Wholesale ☐ Distribution ☐ Transportation ☐ Delivery Operations ☐ Smoke Shop ☐ Retail - Hydroponics ☐ Lab ☐ Other:a. ☐ Yes ☐ No Does the applicant allow for on-site consumption?1. ☐ Yes ☐ No Does the premises have a pool, pond, or other water exposure?2. ☐ Yes ☐ No Does anyone live in the above scheduled building or on the premises?3. ☐ Yes ☐ No Are there any dogs on the premises?4. ☐ Yes ☐ No Does the applicant utilize security guards? If yes, what type:

a. If yes, are the security guards armed?

5. What is the distance to the nearest building? Please provide distance in feet: North: South: West: East:

6. Please provide details for this building below: ☐ If Outdoor Operations, check the box and skip general building questions.

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:

7. 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

1. ☐ Yes ☐ No Are there any firearms located in the scheduled building listed above?2. ☐ 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 COVERAGE1. ☐ Yes ☐ No Are there fire sprinklers? If yes, what percentage of the building is sprinklered? %2. ☐ Yes ☐ No Is there an active central station fire alarm?3. ☐ Yes ☐ No Is there an active central burglar alarm system connected to all windows and doors?4. ☐ Yes ☐ No Does the applicant have an approved safe? If yes, answer the below questions (4a-4c):

a. How many safes does the applicant have:

b. What is the weight of the safe?: pounds.

c. What is the fire rating time of the safe?(HH:MM): :

For specific details please read the Safe Warranty information included with this application.

5. ☐ Yes ☐ No Does the applicant have an approved vault room? If yes, what type?6. ☐ Yes ☐ No Does the applicant have a buzz – in system or security personnel at the door?7. ☐ Yes ☐ No Does the applicant have interior and exterior cameras?

SECTION 9a - BUILDING OWNERSHIP & LEASE INFORMATION

If outdoor grow only - skip to section 10

1. ☐ Yes ☐ No Sole tenant and no other buildings attached?2. ☐ Yes ☐ No Is this a triple net lease?3. ☐ Yes ☐ No Does the named applicant own the building?

SECTION 9b - PROPERTY DEDUCTIBLE & COVERAGE LIMITS

Property Deductible:

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

SECTION 9c - PROPERTY EXTENSION ENDORSEMENT OPTIONS

1. ☐ Yes ☐ No Property Extension Endorsement Options:[Property Extension Form Descriptions](#)

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

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

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

1. ☐ Yes ☐ No Equipment Breakdown Coverage? ** Subject to approval **2. ☐ Yes ☐ No Does the applicant use a generator as their primary source of power?3. ☐ Yes ☐ No Does the applicant have any pressure vessels or boilers that require jurisdictional inspections?

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 7 and 8 _____

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

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: _____

☐ Or check box if Outdoor Grow **** 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 them 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?