

# SUPPLEMENTAL APPLICATION CANNABIS

Please answer all questions relative to the cannabis operations at the intended covered location(s) and attach the following information:

- Past five (5) years of currently valued General Liability and Property Loss Runs
- Government licenses, permits, registrations, and accreditations for the operations for which coverage is sought

**1. List the address(es) of location(s) for coverage and a description of the operations at each location (manufacturer, processor, indoor grow, outdoor grow (no structure), retail, dispensary, lab, delivery, or other):**

--

**2. Describe the experience the applicant or its tenant has in operating the type(s) of marijuana business addressed above. If none, describe the experience the applicant has in running or managing a commercial business:**

--

**3. Have any of the principals of the applicant or its tenant engaged in this or similar enterprises under a different name?**

YES

NO

If "Yes", please list entity and operations:

--	--	--

**4. List all subsidiaries of the applicant or its tenant and their operations:**

--

**5. Is there any oil extraction done at the location(s) noted in response to Question 1?**

YES

NO

--	--	--

If yes, please identify what method is used (CO2, butane, propane, etc.):		
---	--	--

**6. If the location(s) for which coverage is sought involves a dispensary, how does the dispensary ensure compliance with state law? [check all that apply] [if not applicable, please state not applicable]:**

☐ Checking photo ID and registration card of patient  
☐ Confirming physician's recommendation  
☐ Checking photo ID to verify consumer is over age 21  
☐ Maintaining maximum amount of medical marijuana on premises  
☐ Other (describe):

**7. Does the applicant or its tenant grow medical or recreational marijuana, or are other cannabis plants on premises?**

YES

NO

If yes, are marijuana cultivation areas located:

☐ indoors

☐ outdoors

☐ greenhouse

**8. What security systems are utilized at each location coverage is requested for?**

**9. Is the applicant or its tenant a member of any cannabis / marijuana trade associations?**

YES

NO

If yes, list all:

**10. Does the applicant or its tenant have any state or local government licenses, permits, or accreditations for these operations?**

YES

NO

If yes, please describe and provide copies of all such government licenses, permits, and accreditations:

<b>11. Is the applicant or its tenant licensed and/or registered to grow hemp with the appropriate state/ local agency?</b>	YES	NO
If yes, please describe and provide copies of all such license(s) and registration(s):		
<b>12. Is the applicant or its tenant in compliance with all local and state laws regarding growth, manufacturing, dispensing, and/or control of marijuana or products containing marijuana?</b>	YES	NO
<b>13. Has the applicant or its tenant or any principal of the applicant or its tenant ever been found to be in violation of any law associated with operating or managing a marijuana related business?</b>	YES	NO
If yes, please explain:		
<b>14. Has the applicant or its tenant ever failed any governmental audits?</b>	YES	NO
If yes, please explain:		
<b>15. Has the applicant or its tenant or any principal filed for Bankruptcy in the last 5 years?</b>	YES	NO
<b>16. Have there been any issues or complaints related to odor resulting from cannabis operations at any of the locations for which coverage is sought?</b>	YES	NO
If "Yes", please identify the location and the issues or complaints with respect to each listed location:		

**FRAUD WARNINGS****NOTICE TO ALABAMA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS**

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the ratings of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain material false information concerning any act material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA AND RHODE ISLAND APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS**

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, may be guilty of a fraudulent act, which may be a crime and subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS**

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.

**NOTICE TO PUERTO RICO APPLICANTS**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO TEXAS APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS**

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.

**NOTICE TO VERMONT APPLICANTS**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO APPLICANTS OF ALL OTHER STATES**

Any person who knowingly and with intent to defraud any insurance company or other person, submits an application for insurance or statement of claim containing any false, incomplete, or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal and civil penalties along with loss of insurance benefits.

## WARRANTY STATEMENT

The undersigned authorized officer ("Applicant") declares, warrants and represents that a diligent inquiry has been made for all information requested by the Company in the application or otherwise and that the information and statements contained in this application, including attachments, and all other submissions made in the process of seeking insurance from the Company, are true and correct, and that no material facts have been misstated or suppressed. The Applicant also declares, warrants and represents that if any information supplied on this application, including attachments, or in other submissions made in the process of seeking insurance from the Company, changes between the date of this application and the effective date of the policy, the Applicant will immediately notify the Company of such changes and the Company, at its discretion, may modify or withdraw any outstanding quotations and/or authorizations or agreements to bind the insurance.

NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any claim, circumstance, incident or notice disclosed or required to be disclosed in response to any question in the Claim Information section above, or disclosed or required to be disclosed prior to the effective date of the policy, is hereby expressly excluded from coverage under the proposed insurance policy.

Authorized Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Applicant's Title \_\_\_\_\_

Broker/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Broker/Agent Printed Name \_\_\_\_\_

Name of Firm \_\_\_\_\_