

MARIJUANA LIABILITY APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Address:

Website:

Proposed Effective Date:

From:

To:

12:01 A.M. Standard Time at the address of the Applicant

GENERAL INFORMATION

1. Applicant is: Individual Corporation Partnership Joint Venture LLC
 Other (Specify)
2. Years in business:
If in business less than 1 year, description of previous business experience:

LICENSE INFORMATION

3. Are you currently licensed for all marijuana operations for which you are involved? If no, please attach an explanation. Yes No
4. License types held and numbers:
 Retailer / Dispensary
 Address(es):
 Cultivator / Grower
 Address(es):
 Processor / Manufacturer
 Address(es):
 Wholesaler / Distributor
 Address(es):
 Testing Lab
 Address(es):

Special Events / Social Clubs

Address(es):

Home Delivery

Address(es):

Microbusiness (California Only)

Address(es):

Please list all license numbers:

5. Marijuana use license type(s): Adult-Use / Recreational Medical
6. Do you have any temporary or pending licenses? If yes, please attach your state license application. Yes No

7. Annual sales:

	Upcoming Year (Estimate)	Current Year	First Prior Year
Total Gross Sales			

8. Percentage of gross sales by operation:

Retailer / Dispensary / Delivery	%
Cultivator / Grower	%
Processor / Manufacturer	%
Wholesaler / Distributor	%
Testing Laboratory	%
Special Events	%
Other (Attach Description)	%
All Operations	100%

9. Percentage of gross sales by product type:

Recreational marijuana (bud, leaf, flower or trim)	%
Infused recreational marijuana – edibles	%
Infused recreational marijuana – other than edibles	%
Recreational marijuana concentrates or oils	%
Vaporizer pens (electronic cigarettes)	%
Medical marijuana (including infused products)	%
Cannabis products without THC or active cannabinoids	%
Other (Attach Description)	%
All Products	100%

OPERATIONS – ALL LICENSE TYPES

- | | | |
|---|-----------------------|--------------------|
| 10. Is there any residential structure or space on the premises? If yes, please attach an explanation. | Yes | No |
| 11. Are there any firearms on the premises?
If yes, are the firearms limited to third-party contracted security firms? If no, please attach an explanation. | Yes
Yes | No
No |
| 12. Are there any dogs other than service or support dogs on the premises?
If yes, are the dogs limited to third-party contracted security firms? If no, please attach an explanation. | Yes
Yes | No
No |
| 13. Is security provided by an independent security guard service?
If yes:
Do you execute a written contract with the service? If no, please attach an explanation.
Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? If no, please attach an explanation. | Yes

Yes
Yes | No

No
No |
| 14. Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained and are you added as an Additional Insured under the policy for all testing labs, private security firms, manufacturers, or suppliers used? If no, please attach an explanation. | Yes | No |
| 15. Have any license requirements been waived by the State or Municipality?
If yes, please attach an explanation. | Yes | No |

OPERATIONS – RETAIL ONLY

- | | | |
|--|------------|----------|
| 16. Is onsite consumption allowed? | | |
| 17. Is any physician or other medical professional employed or contracted?
If yes, please attach an explanation. | Yes
Yes | No
No |
| 18. Do you sell any tobacco or alcohol or any products unrelated to marijuana, marijuana smoking, or marijuana vaping? If yes, please attach an explanation. | Yes | No |
| 19. Are any products sold online? | Yes | No |
| 20. Are home delivery services available or provided? | Yes | No |
| 21. Are customers able to obtain products from a drive-thru? | Yes | No |
| 22. Are any products for sale imported from outside the United States? | Yes | No |

PRODUCT RECALLS

- | | | |
|--|-----|----|
| 23. Have you voluntarily or involuntarily recalled in the past five years, or are you considering recalling, any known or suspected defective products from the market?
If yes, please attach an explanation. | Yes | No |
|--|-----|----|

LOSS HISTORY AND KNOWN EVENTS

- | | | |
|---|-----|----|
| 24. Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years? If yes, please attach an explanation. | Yes | No |
| 25. Are you aware of any investigation, incident, condition, circumstance, defect or suspected defect in any product, service or work, which may result in a claim against you that is not disclosed above? If yes, please attach an explanation. | Yes | No |

CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Coverage Form: Occurrence Claims-Made Retro Date:

Desired Limits:

Desired Deductible/SIR:

REQUIRED DOCUMENTS

Please Attach The Following:

1. Copy of current license if currently licensed
2. Application for license if not currently licensed
3. Brief description of owner's prior experience

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

If you prefer not to return application with an electronic signature, please print and sign.