

SUPPLEMENT - LESSOR'S RISK ONLY W/ MARIJUANA RELATED TENANTS (Attach to Acord Application)

1. APPLICANT INFORMATION

 Applicant's Name _____
 DBA _____
 Location Address _____
 Inspection Contact _____ Ph _____ Email _____

2. GENERAL INFORMATION

Tenant's operations (select all that apply):

- Dispensary
 Growing Facility
 Other (describe): _____

 Is the tenant required to provide Certificates of Insurance with at least equal or greater limits? Yes No

 Is the tenant required to name insured as Additional Insured on their policy? Yes No

 Does applicant anticipate any construction and/or remodeling work? Yes No

If yes, describe: _____

 Any work involving load bearing walls / structural work? Yes No

If yes, describe: _____

Estimated length of time for the completion of construction / remodeling work? _____

Construction / remodeling work will be performed by (select all that apply):

- Insured Contractor Applicant / Self Tenant

 Does applicant perform any extraction of cannabis oil? Yes No

If yes, what method(s) are used (i.e. Butane, Propane, Co2, Etc): _____

3. DISPENSARIES

 Is on-site consumption of marijuana permitted? Yes No

 Does the tenant dispense drugs or pharmaceutical medicine other than marijuana? Yes No

4. GROWING FACILITIES

 Has a licensed electrician inspected the facility's wiring and power supply? Yes No

 Is the growing facility in the same building as a dispensary? Yes No

Square footage of growing area only? _____

 Are flow meters and water timers used to prevent flooding? Yes No

Where is growing done? (select all that apply):

- Outdoor Greenhouse
 Indoor Other (describe): _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature _____

Printed Name _____

Date Signed _____

Producer's Signature _____

Agency Name _____

Date Signed _____