

SUPPLEMENT - MARIJUANA - MEDICAL/RECREATIONAL (Attach to Acord Application)

1. APPLICANT INFORMATION

Applicant's Name _____
 DBA _____
 Location Address _____
 Inspection Contact _____ Ph _____ Email _____
 Years in Business _____ Yrs Exp in this Field _____ Website Address _____

2. GENERAL INFORMATION

Operations (select all that apply):

- Dispensary
 Growing Facility
 Other (describe): _____

Does applicant request police records and conduct background checks on all employees? Yes No
 Does applicant comply with all applicable state and local laws, statutes, regulations, ordinances, licensing requirements or restrictions governing the dispensing of medical or recreational marijuana or the growing of marijuana? Yes No
 Does applicant utilize security guards? Yes No
 Is security employees of the applicant? Yes No If yes, are they armed? Yes No
 Is security subcontracted? Yes No If yes, are they armed? Yes No
 If subcontracted, are certificates of insurance with at least equal limits required? Yes No
 If subcontracted, is applicant named as an 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

Does applicant have a safe which meets all the following requirements? Yes No
 1. Weight of at least 1/2 ton
 2. Minimum of a 2 hour fire rating
 3. Is bolted to the floor
 Does applicant have an active Central Station Alarm System encompassing the entire facility with includes doors & window sensors and motion detectors? Yes No
 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

Gross Revenue:	<u>Actual Last 12 Months</u>	<u>Estimated Next 12 Months</u>
Medical Marijuana	_____	_____
Recreational Marijuana	_____	_____

All Other _____

Days / Hours of operations? _____

- Is on-site consumption of marijuana permitted? Yes No
- Does applicant dispense drugs or pharmaceutical medicine other than marijuana? Yes No
- Does applicant provide any delivery services? Yes No
- Does applicant provide any internet or mail order services? Yes No
- Does applicant import any products from outside the United States? Yes No

If yes, describe: _____

Does applicant sell any other products? Yes No

If yes, describe: _____

Does applicant manufacture, label or relabel any products? Yes No

If yes, describe: _____

Where required, does applicant verify valid Medical Marijuana ID cards? Yes No

4. GROWING FACILITIES

Actual Gross Revenue for last 12 months? _____ Estimated Gross Revenue for next 12 months? _____

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? _____

Average wholesale price per lbs of finished stock? _____

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

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

- Outdoor
- Indoor
- Greenhouse
- 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 _____