



**CANNABIS OPERATIONS
SUPPLEMENTAL APPLICATION**

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS	AGENCY _____
_____	INSURED CONTACT NAME: _____
_____	INSURED CONTACT PHONE NUMBER: _____
_____	INSURED CONTACT EMAIL: _____

SUPPLEMENTAL QUESTIONS 1-15 TO BE COMPLETED FOR EACH INSURED OPERATION

		YES	NO
1.	Please list the name on your Cannabis Operations license : _____ Please list the license number: _____ Please attach a copy of your license. If your license application is pending, please attach a copy of the license application (a copy of the license will be required immediately after binding).		
2.	Has this business ever been fined by any state or municipal authority? If Yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the insured have experience operating a marijuana business and/or running or managing a commercial business? Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you understand that we may require a loss control inspection of the premises?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is this building fully open and operating? If No, what is the anticipated start date? _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you distribute your cannabis product to minors? Please describe steps taken to prevent the distribution of cannabis products to minors: _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you prevent funds from the sale of marijuana from going to criminal gangs, enterprises, and cartels? Please describe steps taken to prevent funds from the sale of marijuana from going to criminal gangs, enterprises, or cartels: _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you transport or distribute your product across state lines? Please describe how you prevent possible diversion of marijuana from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have procedures in place to prevent the use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity? Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of marijuana? Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have procedures in place to prevent drugged driving and other possibly adverse public health consequences associated with marijuana use? Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you either grow marijuana on public lands or purchase any marijuana grown on public lands?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you permit the possession or use of marijuana products on federal property?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are you in full compliance with all local and state laws regarding the manufacture, control, and dispensing of cannabis? If not, please elaborate: _____	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENTAL QUESTIONS 16-31 ARE TO BE COMPLETED FOR EACH BUILDING WITH CANNABIS OPERATIONS

LOCATION NUMBER _____ BUILDING NUMBER _____

	YES	NO
16. Is this building currently undergoing any renovation, remodeling, build out, etc.? If Yes, please describe the anticipated work: _____ If Yes, what is the <u>total</u> anticipated cost of the work? _____ If Yes, what is the <u>remaining</u> expected cost of the work? _____	<input type="checkbox"/>	<input type="checkbox"/>
17. Please check next to all operations in this building: <input type="checkbox"/> Cultivation <input type="checkbox"/> Smoke Shop <input type="checkbox"/> Recreational Cannabis Sales <input type="checkbox"/> Retail Hydroponics <input type="checkbox"/> Processing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Lab/Testing <input type="checkbox"/> Delivery Operations <input type="checkbox"/> Medical Cannabis Sales <input type="checkbox"/> Dispensary Other (please describe): _____		
18. Do you request a quote for "Finished Cannabis Stock" in this building? * If so, what per-occurrence limit? _____ What is the maximum amount of "Finished Cannabis Stock" that would be on hand at any one time? _____ How is "Finished Cannabis Stock" stored during non-business hours? _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you request a quote for "Stock" ** other than "Finished Cannabis Stock"? If so, what limit? _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you utilize a safe on the premises? How much does it weigh? _____ What is the safe's fire rating? _____ Is the safe bolted to the floor? Do you utilize a vault on the premises? If so, what is the construction of the walls and door? _____ What is the vault's fire rating? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21. How is money stored when the operation is closed? _____		
22. Please describe the location of any HVAC equipment specialized for your operation located on the roof or exterior of the building? _____		
23. Are all windows and doors connected to an active automatic burglar alarm that signals to an outside central station or a police station?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the nearest fire department have a Knox box or similar program to circumvent enhanced security features in case of a fire event?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you perform any oil extraction? If so, what method(s) do you use? (Please check all that apply) <input type="checkbox"/> Tincture <input type="checkbox"/> Butane Extraction <input type="checkbox"/> Hexane Extraction <input type="checkbox"/> Press <input type="checkbox"/> Alcohol Distillation/Heated Evaporation Extraction <input type="checkbox"/> CO ₂ Extraction <input type="checkbox"/> Dry Ice <input type="checkbox"/> Open Blasting (Any) <input type="checkbox"/> Propane <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION NUMBER _____ BUILDING NUMBER _____		YES	NO
26.	<p>If your operation(s) utilizes compressed or flammable gas extraction systems please complete the following questions:</p> <ul style="list-style-type: none"> a. Has the processing equipment been certified by an independent testing lab or engineer familiar with the process? b. Does a factory-trained technician install, service, and repair equipment? c. Is there a formal checklist to ensure equipment is operating within strict accordance with the manufacturer's specifications? d. Are the pressure vessels inspected and tested per manufacturer's specifications? <p>Are the high-pressure extraction systems installed in a separate area, segregated from the rest of the operation, with damage limiting construction to mitigate loss in the event of an accidental pressure release?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27.	<p>If the insured's operations involve any use of compressed gasses, are the following protocols observed:</p> <ul style="list-style-type: none"> a. Are bottle fill limits at 2/3 volume capacity? b. Is bottle storage outside in a locked cage? c. Are interior total volume (including in process) limits set and observed? d. Are bottles (including empty bottles) chained in an upright position? e. Is the storage area clearly marked as a no-smoking area? f. Is bottle storage in a segregated, secured location? g. Are protective caps are in place at all times when the bottle is not in use? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28.	<p>Does the insured have a commercial kitchen for the manufacturing of any products?</p> <p>If "Yes,"</p> <ul style="list-style-type: none"> a. Does the kitchen have a UL 300 Compliant, wet chemical fire suppression system with nozzles covering all cooking surfaces? b. Are all open flame cooking and or frying operations conducted under a non-combustible powered ventilation hood? c. Does the cooking/frying equipment have an automatic fuel supply cutoff? d. How often is the fire suppression system serviced? _____ e. How often are the hoods and ducts cleaned? _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29.	<p>Have all plug-in grow lights been replaced with permanently installed fixture wiring?</p> <p>Are grow light bulbs replaced based on the manufacturer's recommendations prior to failure?</p> <p>Are bulbs matched to the fixtures to avoid fire and explosion from damaged bulbs?</p> <p>Are all grow lights hung from chains?</p> <p>Does the insured use plastic sheeting to enclose or partition off sections of the building or grow rooms?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
30.	<p>Regarding the electrical systems:</p> <ul style="list-style-type: none"> a. Was a Load Analysis performed prior to occupancy to ensure electrical service is of capacity for the current operation and any anticipated future additions? b. Have the electrical systems been inspected and tested by a qualified electrician experienced with industrial systems, and are they compliant with the most recent NFPA 70 code? c. Are all electrical components for processing and flammable liquid/gas storage areas rated for Class 1 Division 1? d. Is all processing equipment grounded and bonded? e. Has all temporary wiring been replaced with permanent wiring fully compliant with NFPA 70? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.	<p>If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors?</p> <p>If "No," please describe how the greenhouse will be secured to prevent unauthorized entry: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
31.	<p>Do any of your systems use the combustion of fuel (such as propane) to generate or enrich CO₂?</p> <p>If "Yes," please answer the following:</p> <ul style="list-style-type: none"> a. Is there a CO detector interlocked to an exhaust fan that operates when high levels of CO are detected as required by the International Mechanical Code? b. What is the minimum distance to combustibles? _____ c. Is there a hard-piped gas distribution system from an exterior storage location? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Provide business financial information for the last five (3) years and estimates for the next year if Business Income is requested:

Year	Sales	Payroll	Employees
Next Year	_____	_____	_____
Last Year	_____	_____	_____
2 nd Year Prior	_____	_____	_____
3 rd Year Prior	_____	_____	_____

Please add any additional comments as necessary:

***"Finished Cannabis Stock" means cannabis or marijuana, including constituents of Cannabis Sativa, held in storage or for sale that have been completed by the manufacturing process, including supplies used in their packing or shipping.

***"Stock" means merchandise held in storage or for sale, raw materials and in-process or finished goods, including supplies used in their packing or shipping. "Stock" does not include cannabis seeds, cannabis plants, or growing cannabis crops.

Signed: _____

Print Name: _____

Date: _____