



**APPLICANT'S INSTRUCTIONS:**

1. Answer ALL questions on pages 1-2 completely. Please attach extra sheets as required. We accept the right to refuse incomplete or illegible applications.
2. The application must be signed and dated by an owner, partner, or officer not earlier than 90 days before the proposed date of coverage.
3. You are only required to complete the appendix questionnaires that apply to your business operations.
4. Please read all statements at the end of this application carefully. Thank you!

**GENERAL INFORMATION**

Applicant Name:

DBA:

Address:

City:

State:

Zip:

Phone:

Ext:

Website:

Years in business under current management:

Date Established:

Inspection contact name and information:

Type of enterprise:

Corporation

Individual

Sole Proprietorship

Non-Profit

For Profit

Government Entity

Other:

Has any applicant or any principal, partner, owner, officer, director, manager, or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization been convicted of a felony or DUI in the last 10 years?

Yes

No

If "Yes", please give details below (date/jail time served/felony/misdemeanor, etc.):

Is the applicant in compliance with all local and state laws regarding the manufacture, control, or dispensing of cannabis?

Yes

No

Does the insured currently hold a cannabis license/permit?

Yes

No

If "No", when do they expect to be licensed/permitted?

Has any applicant or principal filed for Bankruptcy in the last 5 years?

Yes

No

If "Yes", which type?

Chapter 7

Chapter 11

Chapter 13

Is the insured a member of any cannabis / marijuana / or hemp trade associations?

Yes

No

If "Yes", what organization(s)?

CCSE

NORML

NCIA

CCIA

OTHER:

Description of Product use:

Recreational (adult-use)

Medical

Both

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide location information:

Have any of the principals engaged in this or similar operations under a different name?

Yes

No

If "Yes", please list entity and details of the operation:

Provide business financial information for the last five (5) years and estimates for the next year:

New Venture – no prior gross revenue

YEAR	DOMESTIC SALES	PAYROLL	# OF EMPLOYEES
Next Year			
Last Year			
2 <sup>nd</sup> Year Prior			
3 <sup>rd</sup> Year Prior			
4 <sup>th</sup> Year Prior			

**LOCATION SCHEDULE**

Use building (0) for any location with outdoor operations that does not have real property.

Location #	Building #	Street Address, City, State, Zip	Description

**PRIOR INSURANCE AND CLAIMS HISTORY**      NEW VENTURE

Please provide insurance information for the past three (3) years:

CARRIER	LIMITS	DEDUCTIBLE	RETRO DATE	PREMIUM	EXPOSURE BASE/RATE

In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance?      Yes      No

If "Yes", please provide five (5) year loss history for all claims below and attach a description for any single loss greater than \$10,000.

YEAR	# OF CLAIMS	TOTAL PAID	TOTAL RESERVES	TOTAL INCURRED	VALUATION DATE

Explanation of any single loss(es) exceeding \$10,000:

Has any application for similar insurance made on behalf of the applicant and/or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary or affiliated organization thereof ever been declined, cancelled, or non-renewed?      Yes      No

**SUPPLEMENTAL COVERAGES REQUESTED**

**Product Liability Coverage**

Please complete Appendix A

**Property – Extraction Operations**

Please complete Appendix B

**Property – Cultivation Operations**

Please complete Appendix C

**Cannabis Goods in Transit  
(Owned Goods & Bailees Coverage)**

Please complete Appendix D

## APPENDIX A – PRODUCT LIABILITY APPLICATION

### ADDITIONAL INFORMATION REQUIRED TO COMPLETE THIS SECTION:

1. A copy of your active state license to grow, process, or dispense cannabis or hemp derived products (required for all Product Liability applicants).
2. Full product list (required for all applicants).
3. Product catalog, brochures, and product labels (if applicable).

### Dispensary (Medical & Adult-use) Product Liability Coverage Questions

Are there any employed professionals (e.g. physicians or pharmacists)?	Yes	No
If "Yes", do the employed professionals carry their own professional liability insurance?	Yes	No
How does the dispensary ensure compliance with state law (please check all that apply):		
Checking photo identification and registration card of patient		
Confirming physician's recommendation		
Checking photo identification to verify consumer is over 21		
Other (describe):		
How much inventory is displayed to customers?	0-5%	6-10%
		11-25%
		Greater than 25%
Is any on-site consumption of cannabis or products containing cannabis permitted?	Yes	No
If "Yes", please explain what is allowed:		
Does applicant offer delivery of cannabis products?	Yes	No
What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%) and dosage (mg) of active cannabinoids per serving:		
If the applicant distributes cannabis oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time?	Yes	No
If "No", please explain how the applicant controls access to these high dose/concentration products:		
If the applicant distributes cannabis oil or concentrates manufactured by others, does the applicant only obtain these products from manufacturers that utilize a closed-loop extraction system, and non-volatile solvents in their extraction process?	Yes	No
If "No", what type of extraction system and solvents are used by the insured's manufacturers/suppliers?		
Does the applicant maintain a ledger with a record of the quantity of cannabis or products containing cannabis dispensed in each transaction, the type and source of cannabis dispensed, the total amount paid by the customer for all goods and services provided, and the date and time dispensed?	Yes	No
Does the applicant maintain separate records for medical and recreational cannabis products?	Yes	No
Does the applicant grow medical or recreational cannabis or are there cannabis plants on the premises?	Yes	No
If "Yes", please complete <b>Cultivation Facility</b> Information on the following page.		
Are any products containing cannabis manufactured, mixed, labelled, or relabeled by the applicant including: cannabis infused edible products, infused oils or lotions, other food products, or smoking accessories?	Yes	No
Do any products, ingredients, or components originate from outside of the United States?	Yes	No
If "Yes", what products are imported, and what are their respective country(ies) of origin?		
Are imported products and components tested for contamination and verification that they match what was ordered?	Yes	No
For products that the applicant does not produce or manufacture, does the applicant obtain certificates of insurance (COI's) evidencing products coverage and Additional Insured status from all US based manufacturers or suppliers?	Yes	No
For products that the applicant does not produce, does applicant obtain certificates of analysis (COA's) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier?	Yes	No

**DISPENSARY QUESTIONS – CONTINUED**

Does the applicant use a third party testing lab to test their cannabis and products containing cannabis? Yes      No

If “Yes”, do all testing reports received from the laboratory indicate the following (please check all that apply):

- Products are not contaminated with pesticides
- Products are not contaminated by bacteria
- Products are not contaminated by mold/fungus
- Products are not contaminated by mycotoxins
- Products are not contaminated by heavy metals
- Products are not contaminated by residual solvents
- Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- Terpene profiles

If “No”, how does the insured ensure product purity?

**Cultivation Facility – Product Liability Coverage Questions**

Does the applicant grow any marijuana that is intended to be distributed for recreational purposes? Yes      No

If “Yes”, what percentage of revenue is derived from these operations?      Percentage:

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Does the applicant maintain separate records for medical and recreational cannabis products? Yes      No

Are cannabis cultivation areas located:      Indoors      Outdoors      Greenhouse

If outdoors, provide the approximate size of the growing area in acres:

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If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? Yes      No

- If “Yes”, please answer the following:
- Please describe the fence (i.e. height, material, electrified, etc.):
  - If electrified fencing, barbed wire, or razor wire is used, are there are warning signs posted on the property? Yes      No
  - Does the fencing meet all local, municipal, or state requirements for cannabis cultivation facilities? Yes      No
  - Is the fenced in area locked at all times? Yes      No
  - Are there locked gates at all entrances to the property and/or growing area? Yes      No

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If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? Yes      No

If “No”, please describe how the greenhouse will be secured to prevent unauthorized entry?

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What is the maximum number of plants on the premises at any one time?

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Are any products containing cannabis manufactured, mixed, labelled, or relabeled by the applicant including: cannabis infused edible products, infused oils or lotions, other food products, or smoking accessories? Yes      No

Does the applicant use a third party testing lab to test their cannabis and products containing cannabis? Yes      No

If “Yes”, do all testing reports received from the laboratory indicate the following (please check all that apply):

- Products are not contaminated with pesticides
- Products are not contaminated by bacteria
- Products are not contaminated by mold/fungus
- Products are not contaminated by mycotoxins
- Products are not contaminated by heavy metals
- Products are not contaminated by residual solvents
- Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- Terpene profiles

If “No”, how does the insured ensure product purity?

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Is cannabis or any products containing cannabis ever released into the stream of commerce (i.e. to dispensaries, other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received from the third party testing laboratory? Yes      No

## APPENDIX B – CANNABIS EXTRACTION OPERATIONS QUESTIONNAIRE (SOLVENT, CO<sub>2</sub>, etc.)

### Cannabis Extraction Operations Questions (Solvent, CO<sub>2</sub>, etc.)

Type of extraction method utilized by the insured: \_\_\_\_\_

If “Hydrocarbon or Other Flammable/Combustible Solvent”, please specify solvents used:

If “Other”, please specify method of extraction:

#### QUESTIONS FOR HYDROCARBON OR OTHER FLAMMABLE/COMBUSTIBLE SOLVENT EXTRACTION:

Not Applicable

- Does the insured use a closed loop system?	Yes	No
- Are all employees that use extraction equipment thoroughly trained?	Yes	No
- Are Standard Operating Procedures in place for operation of all extraction equipment? (Please attach a copy of SOP's)	Yes	No
- Is all extraction equipment under a routine maintenance program?	Yes	No
- Are extraction operations conducted in a dedicated room?	Yes	No
- Is a ventilation system in place within the extraction area?	Yes	No
- Is there a gas detection system installed in the extraction area?	Yes	No
- Is the lab or extraction area sprinklered, or does it have a form of fire suppression system installed?	Yes	No
- Are all flammable liquids stored in a UL approved container?	Yes	No
- Is all equipment used according to manufacturer specifications?	Yes	No
- Has the applicant made any modifications to the equipment beyond what the manufacturer intended?	Yes	No
- Are any hand tools able to be used while extraction is underway?	Yes	No
- Are all electronics (including cell phones) prohibited from the extraction area (unless certified as intrinsically safe)?	Yes	No
- Is extraction equipment in a room with any equipment that utilizes a pilot light? (water heaters, area heaters, stoves, furnaces, etc.)	Yes	No

#### QUESTIONS FOR CO<sub>2</sub> EXTRACTION:

Not Applicable

- Are CO <sub>2</sub> compressed gas cylinders secured to a fixed object to prevent falling?	Yes	No
- Are pressure relief devices and blow-off valves piped to exterior of building?	Yes	No
- Is the extraction equipment installed with adequate clear space from any combustible materials?	Yes	No
- Are all employees that use extraction equipment thoroughly trained?	Yes	No
- Are Standard Operating Procedures in place for operation of all extraction equipment? (Please attach a copy of SOP's)	Yes	No
- Is all extraction equipment under a routine maintenance program?	Yes	No
- Is an approved, listed CO <sub>2</sub> detector installed in the extraction room?	Yes	No
- Is all equipment used according to manufacturer specifications?	Yes	No
- Has the applicant made any modifications to the equipment beyond what the manufacturer intended?	Yes	No

**Additional Information/Notes on the applicant’s extraction process:**

**APPENDIX C – CULTIVATION OPERATIONS ELECTRICAL WARRANTY**

**CULTIVATION OPERATIONS ARE REQUIRED TO WARRANT BOTH OF THE FOLLOWING:**

I have used, or will use a licensed and insured contractor for all electrical work at our cultivation facility.

I have, or will have, within 30 days of the insurance effective date, all of the wiring at the cultivation facility inspected by a licensed and insured contractor.

I warrant the above to be true and I understand that the insurance contract will be considered based on my warranty:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## APPENDIX D – CANNABIS GOODS IN TRANSIT QUESTIONNAIRE

### Property In Transit & Bailee's Customers Coverage Underwriting Questions

1) Is all transportation of Finished Stock, Harvested Cannabis Material, or Cash done in an unassuming vehicle?	Yes	No
2) Do at least two employees travel in the vehicle transporting Finished Stock, Harvested Cannabis Material, or Cash?	Yes	No
3) Does one employee remain in the vehicle at all times?	Yes	No
4) Does the insured collect all identity cards of employees and uniforms (if applicable) who leave their service?	Yes	No
5) Is a shipping manifest created prior to transport?	Yes	No
6) Is a GPS tracking device utilized on vehicles transporting cannabis (finished stock or harvested), or cash?	Yes	No
7) Does the transport vehicle have an active alarm system?	Yes	No
8) Are cannabis goods or cash kept in a safe or lockbox during transit?	Yes	No
9) Are vehicles transporting cannabis goods or cash allowed to make unnecessary stops?	Yes	No
10) Are drivers allowed to make personal stops while transporting cannabis goods or cash?	Yes	No
11) Is Finished Stock, Harvested Cannabis Material, or Cash left alone overnight in a vehicle that is kept outside?	Yes	No
12) Does the insured transport any product across state lines?	Yes	No

For questions 1-8, if the answer is "No", please explain below:

For questions 9-12, if the answer is "Yes", please explain below:

## SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim.

I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

## PRIVACY POLICY STATEMENT

### CANOPIUS U.S. INSURANCE INC.

Canopus U.S. Insurance Inc. wants you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

### INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address, and social security number
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

### INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

### CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

### RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

### CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

## NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

## FRAUD STATEMENTS

### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. *\*Applies in MD Only.*

### Applicable in CO

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 Agencies.

### Applicable in FL and OK

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

### Applicable in KS

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 statement as part of, or in support of, an application for the issuance of, or the rating 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 materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**FRAUD STATEMENTS – CONTINUED ON THE FOLLOWING PAGE**



**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. *\*Applies in NY Only.*

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. *\*Applies in ME Only.*

**Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**I have read the statements above, understand their meaning, and agree.**

**Applicant's Signature:**

**Date:**

**Applicant's Name:**

**Applicant's Title:**