CANNABIS DISPENSARY (MEDICAL-ADULT USE) INCL ASSOCIATED GROW

INSTRUCTIONS:	ADDITIONAL INFO REQUIRED:
1. Complete all relevant sections. 2. App must be signed and dated by corporate officer no earlier than 90 days before effective date of coverage. 3. Read the statements at the end of the application carefully.	1. License to operate (If pending, submit upon approval) 2. 3 years currently valued, readable loss runs (as applicable) 3. Copy of Security Procedures Plan 4. Copy of Products Liability Declarations Page (if applicable) 5. If more than 5 locations attached additional applications

SECTION I: GENERAL INFORMATION

Applicant Name(s): _____

Street: _____

City: _____ State: _____ ZIP: _____ County: _____

Website: _____

Contact Name: _____

Contact Phone #: _____ Contact Email Address: _____

NCRMA Member # (If Applicable): _____

Management Experience: _____

_____

#	ENTITY NAME	PHYSICAL LOCATION (STREET, CITY, STATE, ZIP)	EIN:	License # or Est Start Date	Description of Operations (Medical or Adult Use)
1					
2					
3					
4					
5					

		LAST 12 MONTHS			ESTIMATE FOR NEXT 12 MONTHS		
#	Sq Ft Occupied?	Medical Use Cannabis Sales	Adult Use Cannabis Sales	Other Retail Sales	Medical Use Cannabis Sales	Adult Use Cannabis Sales	Other Retail Sales
1							
2							
3							
4							
5							

Maintain daily records of all products, including purchase date, product type, quantity, purchase price, and purchaser in either private tracking system or the required state tracking system? (Describe): _____

Written procedures for and reconciliation of the amount of cash on site, daily (Y/N)?: _____

Written risk management procedures in place or do you need help? (Explain): _____

Do you allow Cannabis consumption at any location? (Describe): _____

Firearms at any location? (Describe): _____

Any location under construction? (Describe): _____

Any deficiencies identified by governing bodies that are being addressed (Describe): _____

_____

Number of employed physicians or pharmacists?: _____ Carry their own professional liability (Y/N)? _____

Manufacture, mix, or label any Cannabis products? (Describe): _____

Do you employ **or** contract security guards? _____ If contracted, require contract & insurance (Y/N)? _____

Percentage of non-cannabis product manufactured outside of USA and sold directly to you? _____

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SECTION II: OPERATIONS SUMMARY

DISPENSARY OPERATIONS (**All locations combined**)		Past 12 Months	Next 12 Months
Percentage of Sales from Delivery	%		
Number of Patient Contacts	#		
Payroll Including 1099 employees	$		
Percentage Breakdown of all Operations:		%	%
Medical (Plant Material)			
Medical (Edibles)			
Medical (Topical)			
Medical (concentrates for vaporizing devices)			
Medical (other concentrates)			
Adult Use (Plant Material)			
Adult Use (Edibles)			
Vaporizing Devices			
Smoking Accessories			
Other Cannabis Related goods			
Other Unrelated goods (Coffee, T-Shirts, etc.)			

ASSOCIATED GROW, MANUFACTURING, EXTRACTION OPERATIONS (**All locations combined**)					
		Indoor Grow	Outdoor Grow	Manufacture	Extract
Percentage of sales incl above from operations	%				
Sales not included above to third parties	$				

If applicant has associated grow operations, please answer the following additional questions:

Back-up system for electric supply that is tested on a regular basis (Y/N)? _____ Test Frequency? _____

Electrical work performed by a licensed, insured electrician that names you as additional insured (Y/N)? _____

Infrared electrical inspection performed annually (Y/N)? _____ Date of last testing? _____

All grown cannabis product tested by a 3rd party (Y/N)? _____ Name of lab(s)? _____

What form of pest control do you use? _____

Do you apply your own pesticides (Y/N)? _____ Are you required to have a pesticide applicators license (Y/N)? _____

If 3rd party pesticide applicators used, are they insured and name you as additional insured (Y/N)? _____

Comments or additional notes on the above: _____

SECTION III: CURRENT COVERAGE

CURRENT COVERAGE	Effective	Expiration	Carrier	Premium	Retro Date
Property					[redacted]
Premises General Liability					
Products Liability					
Commercial Auto					[redacted]
Workers' Compensation					[redacted]
3 YEAR LOSS HISTORY	# of Claims	Description and Amount (notes section below for additional space)			
Property					
Premises General Liability					
Products Liability					

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SECTION IV: REQUESTED COVERAGES

	Locn #1	#2	#3	#4	#5
COVERAGE	**LIMITS**	**LIMITS**	**LIMITS**	**LIMITS**	**LIMITS**
General Liability Occurrence					
Pers & Adv Injury Occurrence					
Products Liability Occurrence					
General Liability Aggregate					
Fire Damage Legal Liability					
Medical Payments					
Hired and Non-owned Auto					
Employee Benefits Liability					
Excess Liability					
Building					
Tenant Improvements					
Business Personal Property					
Stock					
Crop					
Loss of Income					
Transit					
EDP (all coverages combined)					
Crime (all coverages combined)					
Other Description:					
Other Limit:					

INFORMATION REQUESTED FOR ASSOCIATED GROW - CROP COVERAGE:

CROP	# OF PLANTS	COMMENTS
Seeds		
Clones, Pre-Vegetative		
Vegetative Plants		
Pre-Flowering Plants		
Flowering Plants		
Harvested Plants		
Mother Plants, Clone Producers		

ADDITIONAL COMMENTS OR NOTES:

SECTION V: NOTICES AND REPRESENTATIONS

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 any 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE (CORPORATE OFFICER) OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicants Name (Print): _____

Applicants Signature: _____
Date: _____
NCRMA Member #: _____

Insurance Broker Name (Print): _____

Insurance Broker Signature: _____
Date: _____

Agency Name: _____
NCRMA Member #: _____