



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 nd Year Prior			
3 rd Year Prior			
4 th 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

APPENDIX A – LESSORS RISK EXPOSURES

1. Type of Occupancy? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Dispensaries/Retail | <input type="checkbox"/> Laboratories | <input type="checkbox"/> Solvent Extraction |
| <input type="checkbox"/> Wholesale/Distributors | <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Outdoor Cultivation |
| <input type="checkbox"/> Management Offices | <input type="checkbox"/> Third Party Processors/Harvesters | <input type="checkbox"/> Indoor/Greenhouse |
| <input type="checkbox"/> Garden/Hydroponics | | |
| <input type="checkbox"/> Other (describe): _____ | | |

2. List Names of tenants, or attach List:

3. Occupied square footage of all buildings to be covered: _____
Vacant square footage (if any): _____

4. Who is responsible for the care and maintenance of the property? (Buildings, sidewalks, and parking lots) Check one: Insured (or insured's management company) or Tenants

5. Insurance Requirements: (**Extraction exposures require tenants to have \$300,000 in Damage to Rented Premises**)

- a) Are all tenants required to carry their own Commercial General Liability coverage Yes No
If yes, what limits are required? _____
- b) Are all tenants required to name the insured as Additional Insured on their CGL policies? Yes No
- c) Does insured collect Certificates of Insurance on an annual basis from all tenants? Yes No
6. Do lease agreements contain Hold Harmless wording in insured's favor? Yes No
7. Does insured have common ownership and/or financial interest in any of the tenant's businesses? If yes, please describe: _____ Yes No
8. Will tenant(s) perform Extractions? Yes No
If yes, an additional supplemental will be required to address extraction processes and protocols.

APPENDIX B – CANNABIS EXTRACTION OPERATIONS QUESTIONNAIRE (SOLVENT, CO₂, etc.)

Cannabis Extraction Operations Questions (Solvent, CO₂, 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 CO₂ EXTRACTION:	Not Applicable		
- Are CO ₂ 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 ₂ 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

Does the applicant grow any marijuana that is intended to be distributed for recreational purposes? If "Yes", what percentage of revenue is derived from these operations? Percentage:	Yes	No
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:		
If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? If "Yes", please answer the following:	Yes	No
- 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
If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? If "No", please describe how the greenhouse will be secured to prevent unauthorized entry?	Yes	No
What is the maximum number of plants on the premises at any one time?		
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?		
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

For purposes of this application, the following acronyms are used:

HID = High Intensity Discharge **LED** = Light-Emitting Diode **MH** = Metal Halide/Ceramic Metal Halide **HPS**= High Pressure Sodium

TYPE(S) OF LIGHTING:

Type(s) of lighting used in your cultivation facility:

100% LED (No further responses required if checked) 100% HID LED/HID Mix Other

If other, please describe the type of lighting used:

BALLAST INFORMATION:

Name of ballast manufacturer(s):

Ballast model name(s)/number(s):

Type of ballast(s) used in your operation: Magnetic Digital/Electronic Other

If you are using a Digital/Electronic ballast, what type of bulb is it designed for?

MH HPS MH & HPS Other

If other, please describe the type of bulb:

Have you modified the ballasts beyond manufacturer specifications? Yes No

If yes, please explain any modifications below:

LIGHT BULB INFORMATION:

Name of light bulb manufacturer(s):

Bulb model(s) and type(s) used in your operation (model name/number, and type such as MH, HPS, LED, etc.):

Do you use single-ended (SE), or double-ended (DE) bulbs? SE DE

ADDITIONAL QUESTIONS:

- 1) Do you use different types of bulbs in the vegetative phase versus the flower phase? Yes No
- 2) Do you ever use Metal Halide and High Pressure Sodium bulbs interchangeably in your fixtures? Yes No
- 3) If yes to #2, do you ever use Metal Halide bulbs in High Pressure Sodium ballasts? Yes No
- 4) Are the Light fittings and being used in accordance with the operating instructions supplied by the manufacturer? Yes No
- 5) Is there any water contact with the lights? Yes No
- 6) Is the stock layout such that the position of lamps is within aisles to minimize the risk of hot particles falling onto combustible items in the event of an uncontained failure? Yes No
- 7) Do you use lamps in close proximity to combustible items that can cause a fire hazard? Yes No
- 8) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 9) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 10) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 11) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 12) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 13) Do you use any lighting that is not listed in the manufacturer's literature? Yes No
- 14) Are your Lights changed by qualified electricians or by employees thoroughly trained on the process? Yes No
- 15) Do you use any lamp that has been damaged or scratched? Yes No

APPENDIX D – PROPERTY COVERAGE (Please complete this section for each location and building)

1. Location/Building# _____/_____

Building Coverage: _____ Does this property have a triple net lease? **Yes** **No**
 Business Personal Property/Equipment: _____ Deductible: _____
 Tenant’s Improvements and Betterments: _____ Coinsurance: _____
 Business Income: _____
 Amount of limit available any given month during the period of restoration: _____
 Property in Transit: _____ Ordinance or Law (Choose one of the following options)
 Discharge from Sewer and Drain – (\$25,000 Limit) Coverage A only _____; or
 Equipment Breakdown Coverage C only _____; or
 Expanded Property Endorsement Coverages A and B _____; or
 Completed Stock*: _____ Coverages A, B and C _____.
 Goods In Process**: _____ NOTE: Coverages B and C can be combined into one "combo" limit

Crop Coverage Table - *No coverage for plants while growing outdoors*

Phase	Number of Plants x	Per Plant Value =	Total
Seedling			
Vegetative			
Flowering			

**Goods in Process is defined as Cannabis Buds and Flowers that have been harvested and are in the curing phase of production. No Stock, crop or growing plants fall under this category
 *Completed Stock is defined as Manufactured Products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.

2. Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____

3. Is this location fully open and operational? **Yes** **No**
 If “No”, when do you expect this location to be open and fully operational? _____

4. What are the operations at this location: **Manufacturer Lab** **Processor Delivery** **Cultivation Distribution** **Retail/Dispensary Other:** _____

5. Is there any oil extraction done at this location? **Yes** **No**
 If “Yes”, what method is used? **CO2** **Butane** **Propane** **Other:** _____

6. General Building Information:
 Year Building Built: _____ Square Footage: _____ Number of Stories: _____ Age of Roof: _____
 Roof Type: (Tile, Metal, Shingle, etc....) _____ Construction Type: (Frame, Masonry, Glass, etc....) _____
 ISO Fire Protection Class: _____

7. If the building is over 20 years old, provide the year the following were updated:
 Roof _____ Plumbing _____ Electrical _____ HVAC _____

8. Are there Fire Sprinklers? **Yes** **No** **Percentage of the Building is sprinkled?** _____

9. Does the applicant own the building? **Yes** **No**

10. Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc.? **Yes** **No**
 If “Yes”, please provide details:
 What stage are the renovations currently at? _____
 If not currently occurring, for when are the renovations planned? _____
 When do you expect the renovations to be completed? _____
 What is the total estimated value of the renovation? _____
 Is there coverage on the building currently? **Yes** **No**
 Do you currently have a Builder’s Risk policy? **Yes** **No**
 If “Yes”, please provide a coverage certificate. If no, name of contractor: _____

11. Does the applicant have an approved safe for secure product storage: **Yes** **No**
Minimum safe requirements: 800lb with a 1-hour fire rating; under 2000lb must be bolted to the ground

12. Does the applicant have a vault room? **Yes** **No**
 If Yes, please describe in detail: _____

13. Is there a vacuum oven, centrifuge, distillation column and/or Rotovaps in the building? **Yes** **No**
 If Yes, please provide manufacturer, model number, replacement cost, and motor’s HP for each. _____

14. Is there an electrical back up system? **Yes** **No** **How are the plants watered?** _____

APPENDIX D (Cont'd)– PREMISES INFORMATION (Please complete this section for each location and building)

15. Location/ Building# _____/_____ Address: _____				
16. Description of business operation(s) at this location:	Manufacturer Lab	Processor Delivery	Cultivation Distribution	Retail/Dispensary Other: _____
17. Describe the type of crime area in which applicant’s premises is located:	Low	Moderate	High	
18. Square footage of building occupied by insured: _____				
19. Describe the area in which the applicant’s business is located:	Commercial	Industrial	Agricultural	Residential
20. Is the nature of the business advertised on the outside of the building?	Yes	No		
21. Does applicant occupy the entire building?	Yes	No		
If “No”, are there connecting doors to adjacent units?	Yes	No		
If “Yes”, how are the connecting doors secured (i.e., deadbolts, alarms, etc.):	_____			
22. Does anyone live on the premises?	Yes	No		
If “Yes”, please describe occupancy:	_____			
If “Yes”, is separate homeowner’s insurance coverage in place?	Yes	No		
23. Does the premises have a pool, pond, or other water exposure?	Yes	No		
If “Yes”, please explain:	_____			
24. Which of the following security systems are utilized (please check all that apply):				
Central station burglar alarm	Exterior video cameras	Interior video cameras		
Automatic Sprinkler System	Interior motion detectors	Security guards – armed		
Security guards – unarmed	Door greeter/ID checker	Gated doors		
Gated windows	Hold-up button/panic button	Safe or vault		
Fencing	Dog(s); Breed and Number: _____			
25. Are all security measures fully operational during non-business hours?	Yes	No		
If “No”, which ones are not:	_____			
26. If guards and/or greeters are used are they employees?	Yes	No		
• If “No”, do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured?	Yes	No		
• Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?		Yes	No	
• What limits do independent contractors carry?	_____			
27. Are there any firearms on the property (including any firearms carried by security guards)		Yes	No	
If “Yes”, please explain:	_____			
28. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?	Yes	No		
29. Are employees instructed to cooperate and obey the robber’s instructions and not to resist?		Yes	No	

APPENDIX E – 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:

APPENDIX F – ADDITIONAL INSURED

ADDITIONAL INSURED (check one)	landlord vendor	loss payee	Governmental Agency Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			

ADDITIONAL INSURED (check one)	landlord vendor	loss payee	Governmental Agency Other: _____
Waiver Of Subrogation - provide copy of requirements			
Primary/Non-Contributory Wording - provide copy of requirements			
Location#/BLDG ____ / ____			
Name: _____			
Mailing Address: _____			
City _____			
State and Zip Code _____ / _____			

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:

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