Normandy Insurance Services
4800 N Federal Hwy, Suite 302A
Boca Raton, FL 33431

Cannabis Application

*Required Fields

Agent: Agent Email:

Section I: General Information

Applicant Name:					
Legal Business Name:				DBA:	
Mailing Address:					
City:		State:		Zip Code:	
Email Address:		Phone Number:			
Type:	☐ Corporation ☐ Partnership ☐ LLC ☐ Individual			Effective Date:	

Operations: List ALL Business Operations:

☐ Cultivation
☐ Lab Testing
☐ Extraction
☐ Distilling/Refining
☐ Wholesale/Distribution (No Transportation)
☐ Processing/Packaging (Non-Extraction)
☐ Manufacturing of Items (Non-Extraction)
☐ Adult Use Retail Store Sales
☐ White Labeling of Products for Others
☐ Delivery to End User (For Consumption)
☐ Distribution to Other Businesses
☐ Medicinal Use Retail Store Sales
☐ CBD/Hemp Retail Store Sales
☐ Other: _____

Do you only produce items with 0.03% THC or less per the Farm Bill? ☐ Yes ☐ No

Total Gross Sales for the LAST 12 Months: $ _____ **OR** ☐ New Venture – No Prior Gross Receipts

Total Gross Sales for the NEXT 12 Months: $ _____ If online sales, what percentage does this make up: _____%

Type of License (s) that you hold:	License Number

If Not Licensed: When do you expect to be OR Explain why it is not necessary?

Are you a member of any cannabis/marijuana/ hemp trade association?

☐ CCSE ☐ NORML ☐ NCIA ☐ CCIA ☐:

If selling to the public:

a. Is onsite consumption allowed? ☐ Yes ☐ No

b. Do you verify age at time of sale in person, online and/or upon delivery? ☐ Yes ☐ No

c. Medicinal Sales only: Do you keep records of physician's recommendation letter or state issued medical card?	☐ Yes ☐ No
d. Does this location have controlled access in place via security personnel at the door, buzz in system, double entrance, etc?	☐ Yes ☐ No
Do you maintain written/electronic records of all cannabis, cannabis containing products, CBD and/or Hemp inventory and subsequent sale including the purchase date, type of product and purchase price?	☐ Yes ☐ No
Do you have a 3rd party security guard firm?	☐ Yes ☐ No
e. If yes, do they carry their own insurance including Assault and Battery with liability limits equal to or greater than your insurance and name you as an Additional Insured?	☐ Yes ☐ No
f. If armed, do they comply with all state and local laws?	☐ Yes ☐ No
Do you want coverage for General Liability?	☐ Yes ☐ No
Do you want coverage for Products Liability?	☐ Yes ☐ No
Do you want coverage for Stop Gap?	☐ Yes ☐ No
Do you want coverage for Employee Benefits Liability? If Yes, you must confirm the following:	☐ Yes ☐ No
If yes, do you confirm with the following statement: There is a person whose primary job responsibility is coordination of employee benefits (and if 20 or more employees, there is a full-time benefits coordinator). In addition, there is a written employee benefits manual, an annual benefits statement provided to employees, and a written job procedural manual	☐ Yes ☐ No

Section 2a: Location Information

(Complete Section 2a for EACH location/building/structure)
*If Multiple buildings at same location, provide diagram labeling each building

Location/BLDG #:

How many Buildings/Structures at this Location:

Physical Address:

City: State: Zip Code:

Is this location fully Open & Operational? ☐ Yes ☐ No

If yes, what are the hours of operation?

If no, when is it expected to be open and fully operational:

What are all operations at this location:

Gross sales associated with this location: Square Footage:

Year Built: **If the building is over 20 years old, provide the YEAR the following were updated**

Plumbing: Electrical: HVAC:

Sprinklers: ☐ Yes ☐ No If yes, what percentage of the building is covered:

Construction Type (Frame, Masonry, Non – Combustible, Glass etc): No. of Stories:

What year was the roof last updated: What year was the roof last fully replaced:

Roofing Material (Tile, Metal, Wood Shingle, Etc):

Indicate if any part of this location is powered by the following: ☐ Generator ☐ Solar Panels

Is the location currently under renovations and/or are renovations planned in the next year? ☐ Yes ☐ No

If Yes, please describe and MUST include Estimated Date of Completion:

Is there any Residential* exposure at this location? ☐ Yes ☐ No

If Residential*, is it owner occupied? ☐ Yes ☐ No

*All Residential Owner occupied facilities will require proof of Separate Coverage

Questions:

1. Are all windows and doors connected to an active Central Station Burglar Alarm System? ☐ Yes ☐ No
   Ring, Blink, Simplisafe, Nest and other Self Monitored Systems are NOT sufficient
2. Do motion detectors cover all entrances and areas within the building? ☐ Yes ☐ No

   If No, please explain:
3. Does this location have a Safe? ☐ Yes ☐ No Weight: Bolted to the ground: ☐ Yes ☐ No
4. How are Cannabis Finished Stock, Finished CBD Stock, Harvested Cannabis Material secured? Indicate below:

	Vault Room*	Metal Shipping Container**	Security Cage***	Safe****	Other (Describe)
Cannabis Finished Stock:	☐	☐	☐	☐	
Finished CBD Stock:	☐	☐	☐	☐	
Harvested Cannabis Material:	☐	☐	☐	☐	

Vault Rooms*: steel lined walls; a concrete floor; steel lined door; central station alarm connected to the doors; motion sensors on the interior of the vault room; the vault room must have one hour or greater fire rating or be 100% sprinkle red; the vault room must be windowless.

Metal Shipping Container**: the container doors & walls have a fire rating of one or greater; the container weighs more than 800 lbs.; the container, if it weighs less than 2,000 lbs., is bolted to the ground; & the container is windowless.

Security Cages***: the cage is completed enclosed; the cage is bolted to the floor; all bolts or fasteners are welded to the cage; the cage door is secured by multiple locks; & finished stock must be stored in locked cases or cabinets within the cage (this would include locked refrigerators for perishable cannabis inventory).

Safe****: must weigh at least 550 lbs. If it weighs less than 2,000 lbs., must be bolted to the ground & comply with all government requirements

5. Is your vault, security cages, and/or metal shipping container in compliance with the above requirements? ☐ Yes ☐ No
6. Does this location have security cameras? ☐ Yes ☐ No Interior? ☐ Yes ☐ No Exterior? ☐ Yes ☐ No

ADDITIONAL INSURED: *If more than 1 Additional insured, provide ALL on separate sheet of paper*

☐ Landlord ☐ Lessor of Leased Equipment ☐ Governmental Agency

☐ Waiver of Subrogation ☐ Primary/Non Contributory Wording ☐ Other:

Name and Mailing Address:

Section 2b: Property Coverage Information

☐ Declining Property Coverage and Skip Section 2b

Location/BLDG #:

Property Coverage and Endorsements at this Location	
Building Coverage:	
Check all that apply to this building:	☐ Owner of the building ☐ Triple Net Lease- requires to insure the building ☐ Modular/pre-fabricated building

Solar Panels attached to building:	$		
Tenant Improvements:	$		
Business Personal Property:	$		
Outdoor Signs:	$		
Loss of Business Income:	Per Month:	No. of Months to be covered	
Cannabis Finished Stock*:	$	*Insured on an an ACV basis up to Agreed Value on Policy*	

1. What % of your total stock on hand does this represent: _____ out of 100%
2. What % is required to be refrigerated/frozen? _____ %

Finished CBD/Hemp Stock***		*Insured on an an ACV basis up to Agreed*	
Loss Payee For this Location:	☐ Yes ☐ No	☐ Mortgagee	☐ Loan/Leased Equipment
Name and Address:			

*Cannabis Finished Stock means finished marijuana stock and products containing marijuana and/or its derivatives. "Finished Stock" does not include harvested cannabis material that is being dried or product that has not yet been incorporated into a final product ready for retail sale. This is not covered under Business Personal Property.

*** Finished CBD/Hemp Stock: Finished CBD/Hemp stock and products containing cannabis and/or its derivatives with a Tetrahydrocannabinol(THC) concentration less than or equal to 0.3%. This is not covered under Business Personal Property.

Optional Coverages

1. **Property Extension: If Yes, indicate Limit. Includes:** ☐ Yes ☐ No
   Money & Securities, Accounts Receivable, Valuable Papers, Employee Dishonesty, Property of Others, Fences, Radio/TV Antennas, Satellite Dishes and Spoilage
   ☐ $10,000 ☐ $25,000 ☐ $50,000
2. **Ordinance or Law: (Only available if building is less than 45 years old)** ☐ Yes ☐ No
   - ☐ Coverage A: Coverage for loss of the undamaged portion of the building — Limit: $ Provided Based on Building Limit Shown Above
   - ☐ Coverage B: Demolition Cost — Limit: $ _____
   - ☐ Coverage C: Increased Cost of Construction — Limit: $ _____
3. **Do you want coverage for Contingent Business Income at a $10K Limit?** ☐ Yes ☐ No
4. **Do you want coverage for Equipment Breakdown? Does Not Include Any Finished Stock, Harvested material &/or Crop** ☐ Yes ☐ No

Theft Losses of property may be excluded or limited by the following:

a. If Central Station Burglar Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station burglar alarm system and motion detectors must be present in all areas).
b. Perishable cannabis inventory not properly secured and is limited to $50K maximum.
c. Minimum safe/vault requirements have not been met at the time of the loss.
d. If your alarm does not meet the requirements on the central station burglar alarm warranty.

I understand that the Finished CBD and Cannabis Stock limits above are insured on an ACV basis up to the agreed value on the policy basis:

Signature _____ Date _____

Section 2c: Indoor Crop

☐ Declining Crop Coverage and Skip Section 2c

Location/BLDG #:	

Indoor Crop Total Limit Per Loss at this location	
Living Plant Material:	$
Harvested Cannabis Material:	$

Valuation should be based on the average wholesale price per pound.
Please note, per the cap paid on mother plant will be no more than $1,000 per plant

1. Coverage is restricted to an aggregate limit equal to the each occurrence limit. Are you interested in purchasing aggregate limit of twice the occurrence limit? ☐ Yes ☐ No

Living Plant Material means marijuana seeds, immature marijuana seedlings, marijuana plants in the vegetative growth state and mature flowering marijuana plants rooted in growing medium.

Harvested Cannabis Material means marijuana plant material no longer in the growing medium, which is in the process of being dried or which includes any raw materials or product that is not yet Finished Stock.

Warranty on Crop Coverage:

a. Named Peril Coverage Applies as Follow: Fire, Lighting, Explosion, Windstorm/Hail, Smoke, Aircraft, Riot/Civil Commotion, Vandalism, Sprinkler Leakage, Sinkhole Collapse, Volcanic Action, Falling Objects, Water Damage, Theft.
b. Theft Coverage is subject to an activate and operational Central Station Burglar Alarm and motion detectors. If no alarm/motion detectors, theft coverage will not apply
c. All openings of the building(s) shall be protected by an activated and operational Central Station Burglar Alarm. In addition, motion detectors shall cover all areas within the building(s).
d. The alarm and motion detectors must be armed whenever the building(s) are not open for business or when the building(s) are unoccupied.
e. Theft excluded is not in compliance with Central Station Burglar Alarm warranty

Section 3: Inland Marine Coverage

☐ Declining Inland Marine Coverage and Skip Section 3

Location/BLDG #:	

1. Contractors Equipment: *(Fork Lift, Tractor, Outdoor Grow Equipment, etc.)*

Item List: If more than 3 items, please list on separate sheet

Total Value:	$	Description of item including serial # (if applicable):	
Total Value:	$	Description of item including serial # (if applicable):	
Total Value:	$	Description of item including serial # (if applicable):	

2. Mobile Scheduled Property: *(mobile testing equipment, hand trucks, etc.)*

Item List: If more than 3 items, please list on separate sheet

Total Value:	$	Description of item including serial # (if applicable):	
Total Value:	$	Description of item including serial # (if applicable):	
Total Value:	$	Description of item including serial # (if applicable):	

3. Property In Transit *(Owned Goods)* This would include property being delivered to consumers.	
Property in Transit including Finished Stock, Finished CBD Stock, & Harvested Cannabis Material:	$
Cash in Transit:	$
4. Bailees Coverage: *(Care, Custody and Control of Property of Others)*	
Property in Transit including Finished Stock, Finished CBD Stock, & Harvested Cannabis Material:	$
Cash in Transit:	$
Property at insured's premises:	$

Warranty on Inland Marine Coverage:

a. Theft is excluded if vehicle unattended
b. Finished stock must be stored in an approved safe/vault when not in a vehicle
c. Any transportation must be done in unassuming vehicle
d. If transporting over $25K in value, there must be 2 people in the vehicle

Section 4: Cultivation Operations Coverage

☐ No Cultivation Operations and Skip Section 4

(Complete Section 4 for EACH cultivation location/building/structure)

Location/BLDG #:	
Physical Address:	
Grow Operations:	☐ Indoor ☐ Outdoor ☐ Greenhouse

For Indoor Grow:

1. Security in all rooms used for cultivation includes *(mark all that apply)*:

☐ Motion Detectors ☐ 24 Hour Live Monitored CC TV System ☐ Other: _____

2. Type of Lighting: ☐ 100% LED *(No further responses required if checked)*

3. Type of Lighting: ☐ 100% HPS ☐ 100% MH ☐ 100% HPS/MH
☐ LED/HID Mix ☐ Other: _____

LED: *Light-emitting Diode;* ***HID:*** *High Intensity Discharge;* ***MH:*** *Metal Halide/Ceramic Metal Halide;* ***HPS:*** *High Pressure Sodium*

4. Ballast Information:

a. Ballast Model:

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

c. If you are using Digital/ Electronic ballast, what type of bulb is it designed for?
☐ MH ☐ HPS ☐ MH & HPS ☐ Other: _____

If other, Describe:

d. Have you modified the ballasts beyond manufacturer specifications? ☐ Yes ☐ No

If other, Describe:

5. Light Bulb Information:

a. Name of light bulb manufacturer(s):

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

c. Do you use Single – Ended (SE) or Double Ended (DE) bulbs: ☐ SE ☐ DE

6. **Do you use different types of bulbs in the vegetative phase versus the flower phase?** ☐ Yes ☐ No

7. **Do you ever use Metal Halide and High Pressure Sodium bulbs interchangeably in your fixtures?** ☐ Yes ☐ No

8. **If yes to above, do you ever use Metal Halide Bulbs in High Pressure Sodium Ballasts?** ☐ Yes ☐ No

9. **Do you follow the instructions from the manufacturer for all lighting equipment used?** ☐ Yes ☐ No

10. **How often do you replace bulbs?**
☐ 70% of expected life ☐ 80% of expected life ☐ When they burn out

11. **When lights are on continuously for more than 1 week, do you have a monitored quality check in place?** *(i.e.: Shut lights off for 15 minutes and monitor for defective bulbs when powering back on)* ☐ N/A ☐ Yes ☐ No

12. **Are all water pipes, water sources, and combustibles at least 5 ft. away from all lighting equipment?** ☐ Yes ☐ No

For Outdoor Grow:

1. Does the property have fencing around the Grow/Cultivation area listed above? ☐ Yes ☐ No
2. Is there any barbwire, razor wire or electrical fencing used for security on property? ☐ Yes ☐ No
   If Yes, are there signs on the property warning of danger/injury? ☐ Yes ☐ No
3. Are gates at all entrances of the property and locked when not in use? ☐ Yes ☐ No
4. Total property size: ACRES Grow Operations: ACRES

For Greenhouse Operations:

1. Will the greenhouse be fully enclosed with locking doors? ☐ Yes ☐ No
2. Does the greenhouse have power? ☐ Yes ☐ No
3. Does the greenhouse have grow lighting? ☐ Yes ☐ No
4. Greenhouse Construction (Mark ALL that apply):

☐ Metal/Wood Siding ☐ Metal Roof ☐ Plastic Sheeting
☐ Solid Plastic/Polycarbonate Siding ☐ Solid Plastic/Polycarbonate Roof ☐ Retractable Roof/Sides
☐ Windows that open ☐ Hoop House ☐ Other: _____

ALL Cultivation Operations Are Required to Warrant One of the Following:

☐ All electrical work has been completed and was performed by a licensed and insured contractor. For any future work needed, we will use a licensed and insured contractor.
☐ We are not ready to start electrical work yet, but when we are all electrical work will be completed and performed by a licensed and insured contractor.
☐ No electrical changes were made by us, but we have, or will have, within 30 days of the insurance effective date, all the wiring at the cultivation facility inspected by a licensed and insured contractor.
☐ There is no electricity for the cultivation operations at this location.

We affirm the above & all questions in Section 4 to be true and understand that insurance contract will be considered based on this warranty

Signature Date

Section 5: Delivery/Distributors/Any Transportation Operations

☐ NONE of these operations and Skip Section 5

1. Do you transport in an unassuming vehicle? ☐ Yes ☐ No
2. Do you have a policy to collect all identity cards and company uniforms (if applicable) from employees who leave employment? ☐ Yes ☐ No
3. Do you utilize GPS Tracking devices in all vehicles used for transportation purposes? ☐ Yes ☐ No
4. Do you provide transportation services across state lines? ☐ Yes ☐ No

   If yes, please explain:
5. Do at least two employees travel in the vehicle transporting Finished Stock, Finished CBD Stock, Harvested Cannabis Material, or Cash? ☐ Yes ☐ No
6. Does one employee remain in the vehicle at all times? ☐ Yes ☐ No
7. Do you currently have a Commercial Business Auto Policy? ☐ Yes ☐ No

   A. If Yes, provide name of carrier and limits:

   B. If No, please explain:

8. (Distribution Only): Do you advise all customers in writing as soon as reasonably possible of change in delivery staff? ☐ Yes ☐ No

Section 6 : Bakeries/Manufacturing/Extraction

☐ NONE of these Operations and Skip Section 6

1. List complete description of ALL products manufactured, baked or produced by you:

   ☐ Budder/Shatter ☐ Tinctures ☐ E-Liquids/Vape Cartridges
   ☐ Concentrates/ Oils ☐ Edibles: _____ ☐ Other: _____
2. What non cannabis materials are included in the above: ☐ Yes ☐ No
3. Are any new Products proposed in the next 12 months? ☐ Yes ☐ No

   If Yes, list products (s):
4. Are all products tested and labeled to meet government and/or industry standards? ☐ Yes ☐ No
5. Is there an Emergency Evacuation Procedure in place and employees are properly trained? ☐ Yes ☐ No

Edible Section:

1. Are any of the following cooking types present?

   ☐ Grilling ☐ Open – Broiling ☐ Deep-fat Frying ☐ Roasting
   ☐ Barbecuing ☐ Solid Fuel Cooking

   If Yes, is there an Automatic Fire Extinguishing/Ansul System in place with a minimum 6-month maintenance/cleaning contract? *This will be warranted on the policy* ☐ Yes ☐ No
2. Are all Food Service and Safety Certificates in place and current? ☐ Yes ☐ No
3. Are there any catering operations? ☐ Yes ☐ No
4. Is your kitchen rented or leased to others? ☐ Yes ☐ No
5. If a bakery, is their seating for the general public? ☐ Yes ☐ No

Extraction Section:

1. What extraction method do you use:

   ☐ Alcohol/Ethanol ☐ Co2 ☐ Ice Water/Rosen Press
   ☐ Butane ☐ Propane ☐ Other: _____

2. Do you use a closed loop system? ☐ Yes ☐ No
3. Are all employees that use extraction equipment thoroughly trained? ☐ Yes ☐ No
4. Are Standard Operating Procedures in place for operation of all extraction equipment? ☐ Yes ☐ No
5. Is all extraction equipment under a routine maintenance program? ☐ Yes ☐ No
6. Are extraction operations conducted in a dedicated room? ☐ Yes ☐ No
7. Is all equipment used according to manufacturer specifications? ☐ Yes ☐ No
8. Have you made any modifications to the equipment beyond what the manufacturer intended? ☐ Yes ☐ No
9. Is a ventilation system in place within the extraction area? ☐ Yes ☐ No
10. Is there a gas detection system installed in the extraction area? ☐ N/A ☐ Yes ☐ No

Questions for Hydrocarbon/ Flammable Solvents:

1. Is the lab or extraction area sprinklered, or does it have a form of fire suppression system installed? ☐ Yes ☐ No
2. Is extraction equipment in a room with any equipment that could cause a spark? (water heaters, area heaters, stoves, furnaces, cell phones, hand tools) ☐ Yes ☐ No
3. Are all flammable liquids stored in a UL approved container? ☐ Yes ☐ No

Questions for CO2 Extraction:

1. Are CO2 compressed gas cylinders secured to a fixed object to prevent falling? ☐ Yes ☐ No
2. Are pressure relief devices and blow-off valves piped to exterior of building? ☐ Yes ☐ No
3. Is the extraction equipment installed with adequate clear space from any combustible materials? ☐ Yes ☐ No

Section 7: Non Owned/Hired Auto:

☐ Declining Non Owned Auto and Skip Section 7

Ineligible for Delivery/Distributors/Any Transportation

1. Do you wish to have coverage for Non-Owned Auto? ☐ Yes ☐ No
2. Do you wish to have coverage for Hired Auto? ☐ Yes ☐ No
3. Does the company currently have a Commercial Business Auto Policy? ☐ Yes ☐ No
4. Why is Non-Owned and/or Hired Auto Liability being requested?
5. Do any of the vehicles used require a Commercial Driver's License? ☐ Yes ☐ No
6. How many employees are there: Independent Contractors:
   A. How many of the Employees / Independent Contractors use their personal vehicles for business purposes?
   B. How Often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

C. Under which circumstances do these employees / independent contractors use their personal vehicles?

D. Approximate combined number of Non-Owned Auto trips annually? ☐ Under 10 ☐ 10 –50 ☐ 50+

E. Approximate combined number of Hired Auto Trips annually? ☐ 1-5 ☐ 6-10 ☐ 11+

7. Does the Applicant require their employees/independent contractors to carry their own insurance? ☐ Yes ☐ No

   A. If yes, what are the minimum limits you require? ☐ Yes ☐ No

   B. If No, Coverage will be Declined.

8. Does the Applicant require their employees / independent contractors to furnish proof of insurance before authorizing them to use their own autos on company business? ☐ Yes ☐ No

   A. If Yes, do you receive a copy upon every renewal? ☐ Yes ☐ No

   B. If No, Coverage will be Declined

ALL violations MUST be noted on Claims History Section. Failure to disclose ALL violations will Cancel/ Terminate Coverage.

9. What is the typical radius that a non-owned auto may be driven from the Applicants place of business?

10. Does anyone driving for this Company have a DUI/DWI or Reckless Driving Violation on their Motor Vehicle Record? If so, coverage will be declined ☐ Yes ☐ No

11. Limits requested: ☐ $250,000 ☐ $500,000 ☐ $1,000,000

I hereby warrant the above to be true and I understand the Non-Owned and/or Hired Auto Insurance will be considered based on my warranty. I also agree and understand that any of the above information changes must be reported to the Insurance Company. I further agree and understand that the drivers must all maintain a valid Driver's License and Personal Auto Liability Policy at all times. Finally, I understand I cannot have anyone driving who has a DUI/DWI or Reckless Driving Violations

Signature | Title | Date

Section 8: Claims Made Products Liability Section

☐ Declining Claims Made Products Liability section and skip section 8"

1. List complete description of ALL products manufactured, baked or produced by the applicant:

   ☐ Concentrates/Oils ☐ Tinctures ☐ Cannabis Vape Cartridges
   ☐ Cannabis Vape Pens and Accessories ☐ Edibles ☐ Herbs/ Flowers
   ☐ Other:

2. What is the highest concentration (%) and dosage (mg) in their product of active cannabinoids per service contained in your strongest product:

3. If you distribute cannabis oils or concentrates with concentrations greater than 70% or dosages per services greater than 50mg, are these products only distributed to patients who have a physician recommendation for high dosage products or documented tolerances built up over time? ☐ Yes ☐ No

   If No, please explain how you control access to these high dose/concertation products:

4. Do you use a third party lab to test products containing cannabis for ALL of the following: Products are not contaminated with Pesticides, Bacteria, Mold/Fungus, Mycotoxins, Heavy Metals, Residual Solvents; Cannabinoid profiles (e.g THCA, delta8-THC, CBDA, CBD, CBG, CBD etc.); Cannabinoid dosage per service (milligrams per service for each cannabinoid); Terpene profiles? ☐ Yes ☐ No

If No, how do you ensure product purity?

5. 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

6. Include Retro Coverage? Date Selection: ☐ Yes ☐ No

   if adding retro coverage, please provide loss runs and premiums for each prior year

7. Include Product withdrawal coverage? ☐ Yes ☐ No

Additional Information required to complete 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

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

The coverage applied for is solely as stated in the policy. This policy would be issued on a "CLAIMS MADE AND REPORTED" basis, so 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. 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.

Signature

Date

Section 9: History

All questions must be answered. Failure to disclose claims history could invalidate any and all coverage

1. Has any application for similar insurance made on behalf of the applicant or related parties ever been declined, cancelled or non – renewed? ☐ Yes ☐ No

   If Yes, please explain:

2. Do you currently have Insurance Coverage? ☐ Yes ☐ No

Insurer	Type of Policy	Coverage Limits	Premium	Exp. Date

3. Has the Applicant had any prior Liability and/ or Property Claims in the past 5 years, whether or not insured? Need to disclose even if not reported to your insurance carrier ☐ Yes ☐ No

   If Yes, please provide details on separate sheet of paper

4. Have any applicant or related parties ever been convicted of a Felony and/or DUI act in the last 10 years? ☐ Yes ☐ No

   If yes, provide the name of the person(s) who was convicted or committed the violation(s) is:

5. Is applicant in compliance with all local & state laws regarding the growth, manufacturing, processing, control, and/or sales of Cannabis, Hemp and/or CBD? ☐ Yes ☐ No

6. Has any applicant or principal filed for Bankruptcy in the last 5 years? ☐ Yes ☐ No

If Yes, which type? ☐ 7 ☐ 11 ☐ 13

If an Inspection or Premium Audit is required for this policy, I acknowledge that I will or an authorized representative will attend and provide any information required by the carrier. Full cooperation with the inspector during the walk through will be provided. I understand the inspector will need to take necessary photographs as part of the Inspection. Non-Compliance with an Inspection or Premium Audit may result in cancellation of your policy.

Name of Inspection Contact:	
Inspection Contact Phone:	
Email Address (Inspection):	
Name of Retail Insurance Agent:	
Retail Agent Phone Number:	
Email Address (Inspection):	
Name of Audit Contact:	
Audit Contact Phone Number:	
Email Address (Audit):	

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

I hereby certify and confirm, on behalf of all applicants and entities to be insured that we are not involved in any of the following, and control measures are in place to prevent all of the following:

1. Revenue from the sale of cannabis going to criminal enterprises, gangs, and cartels
2. Diversion of cannabis from states where medicinal and/or recreational use of cannabis products is legal under state law to states where cannabis is not legal under state law
3. The use of state-authorized cannabis activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity
4. Promotion of and/or allowance of drugged driving or other possibly adverse public health consequences associated with cannabis use
5. Cultivation of cannabis, purchase of cannabis grown, and/or possession/use of cannabis on public lands and/or federal property

THIS APPLICATION MUST BE SIGNED BY APPLICANT NO MORE THAN 30 DAYS PRIOR TO THE REQUESTED EFFECTIVE DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

Signature

Date

Title

Requested Effective Date

Normandy Insurance Services
4800 N Federal Hwy, Suite 302A
Boca Raton, FL 33431

Cannabis Application

*Required Fields

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA") under the revised Act cited as Terrorism Risk Insurance Program Reauthorization and Extension Act of 2007 (TRIPRA), that you have a right to purchase insurance coverage for losses arising out acts of terrorism, as defined in Section 102(1) of the act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIPRA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHANGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

☐ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of $ _____

☐ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Insurer

Print Name

Policy Number

Date