BH		CANNABIS OPERATIONS		DATE (MM/DD/YYYY)		
HC		SUPPLEMENTAL APPLICATION				
NAME (First Named Insured) AND MAILING ADDRESS AGENCY						
			INSURED CONTACT NAME:			
			INSURED CONTACT PHONE NUMBER:_			
			INSURED CONTACT EMAIL:			
	SIID	DI EMENTAL OLIESTIONS 1-15 TO BE	COMPLETED FOR EACH INSURED OPE	PATION		
	301	FLEMENTAL QUESTIONS 1-13 TO BE	COMPLETED FOR EACH INSURED OF E	MATION	YES	NO
1.	Please list the name on your Cannabis Operations license :					
	Please list the license number:					
		copy of your license. If your license applicat opy of the license will be required immediate	ion is pending, please attach a copy of the lice ely after binding).	ense		ı
2.	Has this business ever been fined by any state or municipal authority?					
	If Yes, please explain:					
3.	business?					
4.	Please describe: Do you understand that we may require a loss control inspection of the premises?					
5.	<u> </u>		ction of the premises:			
0.	Is this building fully open and operating? If No, what is the anticipated start date?					
6.						
	Please describe steps taken to prevent the distribution of cannabis products to minors:					
7.	Do you prevent funds from the sale of marijuana from going to criminal gangs, enterprises, and cartels? Please describe steps taken to prevent funds from the sale of marijuana from going to criminal gangs, enterprises, or cartels:					
8.	Do you transport or distribute your product across state lines?					
	Please describe how you prevent possible diversion of marijuana from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law:					
9.	Do you have procedures in place to prevent the use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity? Please describe:					
10.	Do you have safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of marijuana? Please describe:					
11.	Do you have procedures in place to prevent drugged driving and other possibly adverse public health consequences associated with marijuana use? Please describe:		sequences			
12.	Do you either grow marijuana on public lands or purchase any marijuana grown on public lands?					
13.	Do you permit the possession or use of marijuana products on federal property?					
14.	Have you been indicted for or convicted of any degree of the crime of fraud, bribery, arson, or any other arson-related crime in connection with this or any other property?					
15.	Are you in full compliance with all local and state laws regarding the manufacture, control, and dispensing of cannabis? If not, please elaborate:					

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

	LOCATION NUMBERBUILDING NUMBER					
		YES	NO			
16.	Is this building currently undergoing any renovation, remodeling, build out, etc.?					
	If Yes, please describe the anticipated work:					
	If Yes, what is the <u>total</u> anticipated cost of the work?					
	If Yes, what is the <u>remaining</u> expected cost of the work?					
17.	Please check next to all operations in this building:					
	☐ Cultivation ☐ Smoke Shop ☐ Recreational Cannabis Sales ☐ Retail Hydroponics ☐ Processing					
	☐ Manufacturing ☐ Lab/Testing ☐ Delivery Operations ☐ Medical Cannabis Sales ☐ Dispensary					
	☐ Manufacturing ☐ Lab/ resulting ☐ Delivery Operations ☐ Medical Carriables Sales ☐ Dispensary					
	Other (please describe):					
18.	Do you request a quote for "Finished Cannabis Stock" in this building?*					
	If so, what per-occurrence limit?					
	What is the maximum amount of "Finished Cannabis Stock" that would be on hand at any one time?					
	How is "Finished Cannabis Stock" stored during non-business hours?					
19.	Do you request a quote for "Stock"** other than "Finished Cannabis Stock"?					
	If so, what limit?					
20.	Do you utilize a safe on the premises?					
	How much does it weigh?					
	What is the safe's fire rating?					
	Is the safe bolted to the floor?					
	Do you utilize a vault on the premises?					
	If so, what is the construction of the walls and door?					
	What is the vault's fire rating?					
21.	How is money stored when the operation is closed?					
22.	Please describe the location of any HVAC equipment specialized for your operation located on the roof or exterior of					
	the building?					
23.	Are all windows and doors connected to an active automatic burglar alarm that signals to an outside central station or					
24.	a police station?					
24.	Does the nearest fire department have a Knox box or similar program to circumvent enhanced security features in case of a fire event?					
25.	Do you perform any oil extraction?					
	If so, what method(s) do you use? (Please check all that apply)					
	☐ Tincture ☐ Butane Extraction ☐ Hexane Extraction ☐ Press					
	☐ Alcohol Distillation/Heated Evaporation Extraction ☐ CO₂ Extraction ☐ Dry Ice					
	☐ Open Blasting (Any) ☐ Propane					
	Other (Please describe)					

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	LOCATION NUMBERBUILDING NUMBER	YES	NO
26.	If your operation(s) utilizes compressed or flammable gas extraction systems please complete the following questions:		
	a. Has the processing equipment been certified by an independent testing lab or engineer familiar with the process?		
	b. Does a factory-trained technician install, service, and repair equipment?		
	c. Is there a formal checklist to ensure equipment is operating within strict accordance with the manufacturer's specifications?		
	d. Are the pressure vessels inspected and tested per manufacturer's specifications?		
	Are the high-pressure extraction systems installed in a separate area, segregated from the rest of the operation, with		
	damage limiting construction to mitigate loss in the event of an accidental pressure release?		
27.	If the insured's operations involve any use of compressed gasses, are the following protocols observed:		
	a. Are bottle fill limits at 2/3 volume capacity?		
	b. Is bottle storage outside in a locked cage?		
	c. Are interior total volume (including in process) limits set and observed?		
	d. Are bottles (including empty bottles) chained in an upright position?		
	e. Is the storage area clearly marked as a no-smoking area?		
	f. Is bottle storage in a segregated, secured location?		
	g. Are protective caps are in place at all times when the bottle is not in use?		
28.	Does the insured have a commercial kitchen for the manufacturing of any products? If "Yes,"		
	a. Does the kitchen have a UL 300 Compliant, wet chemical fire suppression system with nozzles covering all		
	cooking surfaces?		
	b. Are all open flame cooking and or frying operations conducted under a non-combustible powered ventilation hood?		
	c. Does the cooking/frying equipment have an automatic fuel supply cutoff?		
	d. How often is the fire suppression system serviced?		
	e. How often are the hoods and ducts cleaned?		
29.	Have all plug-in grow lights been replaced with permanently installed fixture wiring?		
	Are grow light bulbs replaced based on the manufacturer's recommendations prior to failure?		
	Are bulbs matched to the fixtures to avoid fire and explosion from damaged bulbs?		
	Are all grow lights hung from chains?		
	Does the insured use plastic sheeting to enclose or partition off sections of the building or grow rooms?		
30.	Regarding the electrical systems:		
	a. Was a Load Analysis performed prior to occupancy to ensure electrical service is of capacity for the current		
	operation and any anticipated future additions?		
	b. Have the electrical systems been inspected and tested by a qualified electrician experienced with industrial systems, and are they compliant with the most recent NFPA 70 code?		
	c. Are all electrical components for processing and flammable liquid/gas storage areas rated for Class 1 Division 1?		
	d. Is all processing equipment grounded and bonded?		
	e. Has all temporary wiring been replaced with permanent wiring fully compliant with NFPA 70?		
31.	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:		
31.	Do any of your systems use the combustion of fuel (such as propane) to generate or enrich CO ₂ ?		
	If "Yes," please answer the following:		
	a. Is there a CO detector interlocked to an exhaust fan that operates when high levels of CO are detected as required by the International Mechanical Code?		
	b. What is the minimum distance to combustibles?		
	c Is there a hard-nined gas distribution system from an exterior storage location?		

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Year	Sales	Payroll	Employees
Next Year			
Last Year			
2 nd Year Prior			
3 rd Year Prior			
Please add any additional comm	cannabis or marijuana, including co	nstituents of Cannabis Sativa, held in eir packing or shipping.	storage or for sale that have beer
**"Stock" means merchandise held packing or shipping. "Stock" does n	_	s and in-process or finished goods, in plants, or growing cannabis crops.	cluding supplies used in their
Signed:		-	
Print Name:			

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

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