



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

Cannabis Testing Lab Application

**LIFE SCIENCES
Division**
Email to LS@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

NOTICE: The policy provides that the limits of liability available to pay judgments or settlements shall be reduced by defense expenses, and that defense expenses shall be applied against the deductible amount.

SECTION I – GENERAL INFORMATION

Applicant name:

DBA:

Address:

City: State: Zip:

Phone: Website:

Years in business under current management: Date established:

Inspection contact name and information:

Type of enterprise: Corporation Individual Partnership Proprietorship
 Non-profit For profit Joint venture
 Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name? Yes No
 If "Yes", please list entity and operations:

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

Year	Domestic revenues	Foreign revenues	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

SECTION II – QUESTIONS

1. Description of products tested (*check all that apply*):

- Medical Marijuana
- Recreational Marijuana
- Hemp/CBD
- Non-cannabis Products. If checked what is the percentage of operations: %
- Non-product testing (*e.g. environmental soil testing, etc*)

2. If the applicant tests both marijuana and hemp, please describe what methods are used to separate the marijuana testing from the hemp/CBD testing:

3. If the insured has any operations that are not cannabis product testing, please describe:

a. Describe what methods are used to separate the cannabis product testing from the operations described above:

b. Does the applicant have insurance for all operations described above? Yes No

c. What coverage and minimum limits are in place for the operations described above?

4. Describe the area in which the applicant’s business is located:

- Commercial Industrial Agricultural Residential

5. Is the nature of the business advertised on the outside of the building? Yes No

6. Does applicant occupy the entire building? Yes No

If “No”, are there connecting doors to adjacent units? Yes No

a. How are the connecting doors secured:

7. Which of the following security systems are utilized (*please check all that apply*):

- Employee badges
- Access codes
- Designated limited-access areas
- Vault/safe
- Gated windows
- Panic button
- Guards - unarmed
- Guards - armed
- Interior 24-hour video surveillance
- Central Station Alarm
- Gated doors

8. If guards are used, are they employees? Yes No

If “No”, do independent contractors acting as security guards carry their own insurance? Yes No

a. Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant? Yes No

b. What minimum limits of coverage do independent contractors carry?

9. Does the applicant have ownership in any other cannabis business in addition to the testing lab? Yes No

10. What experience does the applicant have in operating a testing laboratory and/or operating a cannabis business?
Please describe:

11. Is the lab ISO 17025 accredited? Yes No

12. Does the applicant have any state or local government licenses, permits, or accreditations? Yes No

If “Yes”, please describe:

13. Does the applicant conduct tests for any of the following (<i>check all that apply</i>)?	
<input type="checkbox"/> Pesticides	
<input type="checkbox"/> Bacteria	
<input type="checkbox"/> Mold/fungus	
<input type="checkbox"/> Mycotoxins	
<input type="checkbox"/> Heavy metals	
<input type="checkbox"/> Residual solvents	
<input type="checkbox"/> Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)	
<input type="checkbox"/> Potency per serving	
<input type="checkbox"/> THC percentage	
<input type="checkbox"/> Terpene Profiles	
<input type="checkbox"/> Other:	
14. Does the applicant have SOP's in place for:	
a. Sampling	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Laboratory Processes	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the applicant have a sample field log?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the applicant have a written chain of custody protocol?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the applicant require all samples come with a chain of custody form?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the applicant's testing methods include any of the following guidelines (<i>check all that apply</i>)	
<input type="checkbox"/> FDA Bacterial Analytical Manual	
<input type="checkbox"/> AOAC International Official Methods of Analysis for Contaminant Testing of AOAC International	
<input type="checkbox"/> US Pharmacopoeia and the National Formulary's Methods of Analysis for Contaminant Testing	
<input type="checkbox"/> FDA Guidelines for the Validation of Methods for the Detection of Microbial Pathogen in Foods and Feeds	
<input type="checkbox"/> FDA Guidelines for the Validation of Chemical Methods for the FDA FVM Program	
<input type="checkbox"/> <i>Cannabis Inflorescence: Standards of Identify, Analysis, and Quality Control monograph</i> published by the American Herbal Pharmacopoeia.	
<input type="checkbox"/> Laboratory operations from the American Herbal Product Association	
<input type="checkbox"/> AOAC International's <i>Official Methods of Analysis for Contaminant Testing of AOAC International</i>	
<input type="checkbox"/> OECD Principles of Good Laboratory Practice and Compliance Monitoring published by the Organization for Economic Co-operation and Development	
<input type="checkbox"/> Other – please explain:	
19. Does the applicant use certified reference materials to validate test methods?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the applicant maintain written records of lot/batch numbers used to identify batches?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the applicant retain samples of tested products?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does the applicant have a Laboratory Quality Assurance Program?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does the applicant participate in proficiency testing?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does the applicant conduct annual internal audits on SOPs and LQA?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has the applicant ever failed any government audits?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain:	
26. Does the applicant use an attorney reviewed agreement with all customers?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Does applicant's agreement(s) contain the following provisions (<i>check all that apply</i>)?	
<input type="checkbox"/> All duties and responsibilities of each party	
<input type="checkbox"/> Hold harmless agreements/indemnification provisions	
<input type="checkbox"/> Limitation of liabilities	
<input type="checkbox"/> Warranties and representation	

28. Does the applicant use the following testing (*check all that apply*)?:

LC-MS
 GC-MS
 HPLC-MS
 NMR
 Other - please explain:

29. Who performs the calibration of equipment?

30. Who performs service/maintenance of equipment?

31. Are logs kept of all servicing, maintenance, and calibration of precision instruments? Yes No

32. Does the applicant have a written employee training program? Yes No

33. Describe the educational and experiential background of the following employees. Include highest degree achieved, subject, and years of relevant experience:

a. Supervisory/management
b. Analyst
c. Sampler

34. If any services are subcontracted, does the applicant obtain the following:

a. A written contract containing a hold harmless / indemnification provision in the insured's favor Yes No
b. A certificate of insurance (COI) evidencing products / completed operations coverage and AI status for the insured Yes No

SECTION III – PRIOR INSURANCE AND CLAIMS HISTORY

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

Carrier	Limits	Deductible	Retro date	Premium	Exposure base or policy rate

2. 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 loss greater than \$10,000:

Year	# of claims	Total paid	Total reserves	Total incurred	Valuation date

SECTION IV – 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.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

(Not required in all states, contact your agent or broker for your state's requirements.)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

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.

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: