

1. Name of Applicant: _____

2. 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): _____ | | |

3. List all names of tenants, or attach list:

4. Occupied square footage of all buildings to be covered per question 2 above: _____

Vacant square footage (if any): _____

5. Does the property have a Parking Lot or Garage? Yes No

If yes, what is the area of the lot/garage? (square footage) _____

6. 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

7. Insurance Requirements:

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

8. Do lease agreements contain Hold Harmless wording in insured's favor? Yes No

9. Does insured have common ownership and/or financial interest in any of the tenant's Yes No

businesses? If yes, please describe: _____

10. Security Guards

a) Are security guards on the premises? Yes No

If yes, are they armed? Yes No

b) Who employs the security guard? Tenant Insured

Annual sub costs: _____

- c) Are security guard companies required to carry their own Commercial General Liability coverage? Yes No
If yes, what limits are required? _____
If yes, are security guards required to provide additional insured status in favor of both
the tenant and the insured (Landlord)? Yes No
11. Are there any Underground Storage Tanks on the property? Yes No
If yes, what do they contain? _____
12. Construction Activity:
- a) Will there be construction activities during the policy term? Yes No
If yes, scope of work and timeframe: _____
- b) Construction costs? _____
- c) Will a general contractor be hired? Yes No
If yes, who employees the general contractor? Tenant Insured
- d) Is the general contractor required to carry their own Commercial General Liability coverage? Yes No
If yes, what limits are required? _____
If yes, is the general contractor required to provide additional insured status in favor
of both the tenant and the insured (Landlord)? Yes No
13. Will tenant(s) perform Extractions? Yes No
If yes, an additional supplemental will be required to address extraction processes and protocols.

Applicant's Signature

Date

Title

Producing Agent