

Name of applicant: _____

Electrical

- 1. 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? Yes No
- 2. Was a Load Analysis performed prior to occupancy to ensure electrical service is of capacity for the current operation and any anticipated future additions? Yes No
- 3. Have all plug-in grow lights and temporary wiring been replaced with permanently installed fixture wiring? Yes No
- 4. Are all grow lights and lighting equipment UL listed? Yes No
- 5. Do you have a written lighting inspection and maintenance program in compliance with manufacturers recommendations? Yes No
- 6. Date of last significant upgrade to your cultivation lighting systems: _____
a) Describe the upgrade:

- 7. Does the facility utilize stacked grow racks? Yes No
a) If yes, what is the maximum number of rows? _____

Lighting

Not Applicable

- 8. Type(s) of lighting used in your cultivation facility: (Check all that apply)
 100% LED (**skip Lighting section**) LED (partial) Metal Halide
 High Pressure Sodium Other (describe): _____
- 9. Name of Ballast Manufacturer(s): _____
- 10. Ballast Model name/number(s): _____

Name	Number

11. Type of ballast(s) used in your operation:

- Magnetic
 Digital/Electronic
 Other (describe): _____

12. Are all lighting ballasts in your facility being used as designed, with the proper bulb specifications for each?

- Yes No

13. Have you modified the ballasts beyond manufacturer specification?

- Yes No

a) If yes, please explain any modifications:

14. Name of light bulb manufacturer(s): _____

15. Bulb model(s) and type(s) used in your operation (model name/number, and type):

Name	Number	Type

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

17. Do you use different types of bulbs in the vegetative phase versus the flower phase?

- Yes No

18. Do you ever use Metal Halide and High-Pressure bulbs interchangeably in your fixtures?

- Yes No

a) If yes, do you ever use Metal Halide bulbs in High Pressure Sodium ballasts?

- Yes No

19. Are bulbs replaced based on the manufacturer's recommendations prior to failure?

- Yes No

Greenhouse

Not Applicable

Please provide photos of all greenhouses for consideration.

20. Will the greenhouse be fully enclosed with locking doors?

- Yes No

a) If no, describe how the greenhouse will be secured to prevent unauthorized entry:

21. Do you use any artificial lighting in your greenhouse? Yes No
 a) If yes, complete Lighting section.
22. Do you use shade-cloths or other light reduction methods?
 a) If yes, please describe materials used/technique: _____
23. Do you hang plastic sheeting to create wall dividers anywhere in the facility? Yes No
24. What material(s) is the greenhouse frame built from? _____
25. What material(s) is the greenhouse exterior? _____
26. Name of greenhouse manufacturer: _____
27. Was the greenhouse structure engineered for its intended purpose? Yes No
28. What is the greenhouse structure's wind rating? _____

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. Yes No
- 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. Yes No

I warrant the above to be true and I understand that the insurance contract will be considered based on my warranty.

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.

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 Signature: _____

Date: _____

Typed Name: _____

Title: _____