

Cannabis Transportation Application

Motor Truck Cargo & Auto Physical Damage

Proposed effective date: _____ Today's date: _____

Applicant name: _____

DBA: _____

Additional named insureds: _____

Mailing address: _____

Primary business address: _____

Form of business: Individual Corporation Limited liability company Partnership

Joint venture Other – describe: _____

1. Description of operations: _____

2. Number of vehicles: _____

3. Number of drivers: _____

4. Frequency of trips: _____

5. Are any cargo filings required? Yes No

Provide details: _____

6. FMSCA MC number: _____ N/A

7. Department of Transportation number: _____ N/A

8. Year established: _____

9. Have you previously operated under any other business name? Yes No

If yes, provide details: _____

10. Have the insured entity or any principals filed for bankruptcy in the prior 5 years? Yes No

Requested Attachments:

- A. Vehicle schedule – Excel format
- B. Driver schedule – Excel format
- C. Current motor vehicle reports for all drivers
- D. 3 years currently valued loss runs
- E. Sample copy of customer contract for hauling of non-owned goods

Vehicles

Year	Make	Model	VIN	Cargo Limit	APD Limit

**Attach Excel Vehicle Schedule for more than 5 vehicles.*

Drivers

Name	DOB	Driver's license #	DL state	Years of experience	Date of hire

*Attach Excel Driver Schedule for more than 5 drivers.

Cargo Coverage Rejected

11. Limits requested:

- \$ _____ Non-Owned Cannabis Cargo – per vehicle
- \$ _____ Owned Cannabis Cargo – per vehicle
- \$ _____ Cash – per vehicle
- \$ _____ Per any one occurrence
- Annual aggregate 1X 2X 3X occurrence limit

12. Do all vehicles require the same cargo limits? Yes No

a. If no, include the requested cargo value for each vehicle on schedule.

13. Maximum load value: _____

14. Average load value: _____

15. Are you requesting limits exceeding maximum load values to satisfy contractual requirements? Yes No

16. Do you agree to utilize the security safeguards as warranted by the form(s) attached to the quote for theft coverage to apply? Yes No

17. Deductible requested: \$ _____

18. Cargo optional coverages:

- a. Refrigeration breakdown:
 - Included Excluded
- b. Theft from unattended vehicle limit:
 - \$5,000 \$10,000 \$25,000 \$50,000 \$100,000
- c. Debris removal coverage:
 - \$2,500 (included) \$5,000 \$7,500 \$10,000

Auto Physical Damage Coverage

Rejected Included - All vehicles and trailers must be listed on vehicle schedule

19. Deductible requested: \$ _____

20. Towing, Labor and Storage Coverage:

- \$2,500 \$5,000 \$10,000 \$20,000 \$30,000

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Optional Endorsements

21. Non-Owned Trailer:

Limit per trailer: _____ Limit per occurrence: _____

22. Standard Trailer Interchange Agreement

Limit per trailer: _____ Limit per occurrence: _____

Operations

23. Do you check Motor Vehicle Reports (MVRs) for all drivers prior to employment and at least every 6 months during employment? Yes No

a. If not, how often are MVRs checked? _____

24. Do you conduct background checks on all employees prior to employment? Yes No

25. Are you licensed to transport cannabis products? Yes No

a. License type(s): _____

b. License number(s): _____

c. If no, explain: _____

26. Is the applicant in compliance with all state and local laws regarding the transport of cannabis? Yes No

27. Do you transport any cannabis products across state lines? Yes No

If yes, do all products contain less than 0.3% delta-9 THC in compliance with the 2018 Farm Bill? Yes No

28. Do you haul any commodities other than cannabis? Yes No

If yes, provide a full list of commodities: _____

29. Do you advertise or otherwise guarantee that deliveries will be completed within a certain time frame? Yes No

a. If yes, explain: _____

30. Do you have a formal maintenance program in place? Yes No

General Liability & Property (SOV required for multiple locations)

Street address	City	State	Zip	Occupancy	Revenues	Area	Construction

Year built	Building limit	TIB's	BPP	Business income	Cannabis stock	CBD stock

Insurance & Loss History

42. Provide policy history for the prior 3-5 years.

Cargo				
Carrier	Limit	Premium	Deductible	Expiration date

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Auto Physical Damage				
Carrier	Limit	Premium	Deductible	Expiration date

43. Please give details of your cargo and/or physical damage loss experience for the past 5 years, on an All Risks/Broad Form basis, **FROM 1st DOLLAR/NO DEDUCTIBLE**, whether the loss was insured or not.

Date of loss	Amount of loss	Open/closed	What happened?

44. Provide details of any remediation action taken to prevent future similar claims:

45. Has any insurer within the past 5 years refused to renew or canceled insurance to the applicant? Yes No

If so, please give details: _____

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed _____ Date _____

Printed Name _____ Title _____