



Cannabis Lessor's Risk Only Supplemental Application

PROGRAM UNDERWRITERS

(Complete in addition to ACORD)

1. Name of applicant: _____

2. Type of occupancy? (Check all that apply.)

- Dispensaries/Retail Laboratories Extraction
- Wholesale/Distributors Manufacturers Outdoor Cultivation
- Management Offices Third Party Processors/Harvesters Indoor/Greenhouse
- Garden/Hydroponics 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

a) 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) 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 the 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 the insured have common ownership and/or financial interest in any of the tenant's businesses? Yes No

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(s)? 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?

Yes No

11. Are there any underground storage tanks on the property?

Yes No

a) If yes, please describe: _____

12. Construction activity:

a) Will there be construction activities during the policy term?

Yes No

If yes, scope of work and time frame: _____

b) Construction costs: _____

c) Will a general contractor be hired?

Yes No

If yes, who employs 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

a) If yes, an additional supplemental may be required to address extraction processes and protocols

14. List all solvents used in tenant(s) extraction operations: _____

15. What type of grow lights does the tenant use?

Unknown

100% LED

Other (HID, HPS, MH, etc)*

Lighting supplemental required

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.



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I have read the statements above, understand their meaning and agree.

Applicant Signature: _____

Date: _____

Typed Name: _____

Title: _____