

# Hudson Insurance Group

## Supplemental Application – Medical/Recreational Marijuana

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The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

### I. GENERAL INFORMATION

1. Named Insured: \_\_\_\_\_

2. Named Insured Mailing Address: \_\_\_\_\_

3. Website: \_\_\_\_\_

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4. Operations (*please check all that apply*)

<input type="checkbox"/> Medical dispensary	<input type="checkbox"/> Recreational Dispensary	<input type="checkbox"/> Growing Facility
<input type="checkbox"/> Edible Mfg.	<input type="checkbox"/> Oil Concentration Mfg.	<input type="checkbox"/> Oil Extraction – for others
<input type="checkbox"/> Tour Company	<input type="checkbox"/> Harvesting Contractor	<input type="checkbox"/> Testing Lab
<input type="checkbox"/> Consultant		

5. Is your operation open for business? Yes  No  If no, please advise as to when the business will be operational. \_\_\_\_\_

6. Is your building or space that you rent or lease currently undergoing renovations? Yes  No

7. Is the nature of the applicant's business advertised on the outside of the building? Yes  No

8. Does the applicant occupy the entire building? Yes  No  If no, please describe security measure to avoid unauthorized entry from other areas of the building.  
\_\_\_\_\_  
\_\_\_\_\_

9. Actual Gross revenue of the last twelve (12) months? \_\_\_\_\_ Next twelve (12) months? \_\_\_\_\_

Please provide revenue breakdown

Medical Dispensary \_\_\_\_\_ Recreational Dispensary \_\_\_\_\_ Growing Facility \_\_\_\_\_

Manufacturing \_\_\_\_\_ Tour Company \_\_\_\_\_ Harvesting Contactor \_\_\_\_\_

10. Does the applicant maintain separate records for medical and recreational products? Yes  No

11. Payroll for the last twelve (12) months? \_\_\_\_\_ Next twelve (12) months? \_\_\_\_\_

12. Does applicant request police records and conduct background checks on all employees or volunteers?  
Yes  No

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13. Does the applicant comply with all applicable state and local laws, statutes, rules, regulations, ordinances, licensing requirements or restrictions governing the dispensing of medical or recreational marijuana or the growing of marijuana? Yes \_\_\_\_\_ No \_\_\_\_\_

How does the applicant ensure compliance? *(please check all that apply)*

- \_\_\_\_ Verifying valid Medical Marijuana ID cards
- \_\_\_\_ Checking photo ID
- \_\_\_\_ Confirming physician's recommendation/prescription

14. Does the applicant utilized employed security guards? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are they armed? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Is security subcontracted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are they armed? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Are certificates of insurance required with at least equal limits with the insured named as an Additional Insured on their policy? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Any weapons on premises? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Any dogs or other animals on premises? Yes \_\_\_\_\_ No \_\_\_\_\_

### II. DISPENSARIES

17. Does the applicant dispense drugs or pharmaceutical medicine other than marijuana? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Is the applicant a "Covered Entity" under HIPPA? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, does the insured comply with the HIPPA Privacy Rule and all other procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Any physicians or pharmacists employed by the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, does the employed professional carry their own separate professional liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Does the applicant verify valid Medical Marijuana ID cards? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Is on-site consumption of marijuana permitted? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Any delivery service? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Any internet or mail order sales? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Days/Hours of operation? \_\_\_\_\_

### III. GROWING FACILITIES

1. Location Zoning : \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Industrial \_\_\_\_\_ Agricultural \_\_\_\_\_ Mix Use

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2. Has a licensed electrician inspected the facility's wiring and power supply? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is there a back-up system for electrical supply?
4. Is the growing facility in the same building as a dispensary? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Square footage of grow area only? \_\_\_\_\_
6. Average wholesale price per lbs of finished stock? \_\_\_\_\_
7. Are flow meters and water timers used to prevent flooding? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Where is growing done? \_\_\_\_\_ Outdoor \_\_\_\_\_ Indoor \_\_\_\_\_ Greenhouse \_\_\_\_\_ Other. If Other, please provide details.

\_\_\_\_\_

\_\_\_\_\_

9. Does the property listed above have fencing surrounding the cultivation area? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details about the fencing used (i.e. height, electrified, material, etc.).

\_\_\_\_\_

\_\_\_\_\_

If the fence locked at all times? Yes \_\_\_\_\_ No \_\_\_\_\_

### IV. TESTING LABS AND CONSULTANTS

1. Is your operation required to be state licensed? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does the applicant maintain a Professional Liability policy with at least equal limits to the requested General Liability policy? Yes \_\_\_\_\_ No \_\_\_\_\_

### V. MANUFACTURING

1. Does the applicant process marijuana oil for themselves or others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details of the extraction method used.

\_\_\_\_\_

\_\_\_\_\_

2. Does the applicant perform manufacturing or oil extraction at a residential location? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please provide a detailed list of the edible products manufactured.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Does the applicant outsource the manufacturing process? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is this entity licensed by the state to manufacturer marijuana products and name the insured as an Additional Insured on their policy? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the applicant have a formal quality control program in place? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Any products imported from outside of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

7. Any other products sold? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

8. Any products manufactured, labeled or relabeled by the applicant ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

### VI. PROPERTY

1. Is there a central station burglar alarm in place with contact on all windows and doors leading to the outside, stairwells and hallways? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there a ½ ton or greater safe on premises which is bolted to the floor with a TL-15 rating or greater with at least a two-hour fire rating? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are showcases fitted with shatter-resistant glass? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the applicant have a formal written security procedure plan or manual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include what to do in the event of a robbery or break-in? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are all employees provided training on security procedures that apply during opening and closing? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Which of the following security system are utilized (please check all that apply)

_____ Central station burglar alarm	_____ Exterior video cameras	_____ Interior video cameras
_____ Interior motion detectors	_____ Door greeter/ID checker	_____ Gated doors
_____ Gated windows	_____ Hold-up button/panic button	_____ Safe or vault

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Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FRAUD WARNINGS

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**New York:** 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

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**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.