



Supplemental Application – Medical/Recreational Marijuana

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: _____

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. Does the applicant run a home based business or perform any home cultivation? Yes No

10. Is there any Habitational exposure on the same premises as the applicant's business? Yes No

11. 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 _____

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

13. Payroll for the last twelve (12) months? _____ Next twelve (12) months? _____

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



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15. 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

16. 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 _____

17. Any weapons on premises? Yes _____ No _____

18. Any dogs or other animals on premises? Yes _____ No _____

II. DISPENSARIES

19. Does the applicant dispense drugs or pharmaceutical medicine other than marijuana? Yes _____ No _____

20. 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 _____

21. 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 _____

22. Does the applicant verify valid Medical Marijuana ID cards? Yes _____ No _____

23. Is on-site consumption of marijuana permitted? Yes _____ No _____

24. Any delivery service? Yes _____ No _____

25. Any internet or mail order sales? Yes _____ No _____

26. 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? Yes _____ No _____
 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."



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

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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.