



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

PROFESSIONAL LIABILITY CANNABIS DISPENSARY APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy:

 2. Please list all other business/dba names for which you are seeking coverage under this policy: _____

 3. Are you a(n): Corporation Individual Partnership Municipality For Profit
 Joint Venture Other: _____
 4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____

 5. Primary location address: _____
 6. County of primary location: _____ Date business originally established: _____
 7. Total number of branches? _____ List all addresses for additional branches: _____

 8. What is your web-site address? www. _____
 9. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes No
 10. Does any entity own or control your business or does your business own or control any entity? Yes No
 11. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes No
- For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:
- _____
- _____
- _____
12. Please list any associations of which you are a member: _____

GENERAL INFORMATION

1. Please provide a full description of services rendered:

2. Staffing Information:

Key Staff Names	Professional Licenses Held	Years of Experience	Length of Employment

3. Please provide any relevant details in regards to the applicant's experience in operating or managing a marijuana business or other commercial business.

4. How many total staff members (e.g. budtenders) provide recommendations or advice to customers? _____

5. How does the applicant determine qualification for staff members providing recommendations or advice to customers?

6. How does the applicant maintain knowledge of changing laws and regulations regarding their product?

7. Financial Information:

Gross Revenues from Dispensary Operations	Previous 12 months	Projected next 12 months
Medical Marijuana & Medical Marijuana containing products	\$	\$
Recreational Marijuana & Recreational Marijuana containing Products	\$	\$
Other Marijuana related services and products (please describe)	\$	\$
Total Gross Revenues from Dispensary Operations	\$	\$

8. Is the applicant in compliance with all local and state laws regarding the growth, manufacturing, dispensing, and/or control of marijuana or products containing marijuana? Yes No

9. Has the applicant utilized legal counsel specializing in marijuana law to review policies and procedures and ensure compliance with all local and state laws? Yes No

DISPENSARY INFORMATION

1. Are there any employed healthcare professionals (e.g. physicians, pharmacists, nurses)? Yes No
2. How does the dispensary ensure compliance with state law:
 - a. Checking photo ID and registration card of patient Yes No
 - b. Confirming the recommendation or prescription from a healthcare professional? Yes No
 - c. Maintaining maximum amount of cannabis product on premises Yes No
 - d. Other: _____ Yes No
3. Is any on-site consumption of marijuana or products containing marijuana permitted? Yes No
4. Does the applicant deliver the product to customers off-site?
 - a. If yes, does the applicant deliver out of state? Yes No
5. Does the applicant maintain records in regards to quantity, type, source, and amount paid by the customer in each transaction? Yes No
6. Does the applicant maintain separate records for medical and recreational marijuana sales? Yes No
7. Does the applicant grow marijuana or other cannabis plants on-site? Yes No
8. Does the applicant manufacture, mix, label or re-label any cannabis products sold at the dispensary? Yes No
9. Do any products, ingredients or components originate from outside of the United States? Yes No
10. For products produced by others, does the applicant obtain certificates of insurance (COIs) evidencing products coverage, with Additional Insured (AI) status? Yes No
11. For products produced by others, does the application obtain certificates of analysis (COAs) evidencing that product testing was performed by or for the original manufacturer/supplier? Yes No
12. Does the applicant use a third party testing lab to test their marijuana and marijuana products? Yes No

INSURANCE AND LOSS HISTORY

1. Provide your entity's recent insurance history below.

Policy Period (Month/Day/Year)	Insurance Company	Limits Per Claim/Aggregate	Deductible	Annual Premium

2. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date? (month/day/year) ____/____/_____. If there is no retroactive date, please check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes No
If yes, please explain why: _____

4. Requested limits: \$100k/\$300k \$250k/250k \$500k/\$500k \$1M/\$1M \$2M/\$2M
 (other) _____

5. Requested deductible: \$10,000 \$15,000 \$25,000 Other \$ _____

6. After inquiry with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

7. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? Yes No

If "yes", please complete a separate Supplemental Claim form for each claim or suit and include a currently valued loss run for each claim.

8. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years? Yes No

If "yes", please provide an explanation of the circumstances and penalty involved. If available, please provide a copy of the complaint, your response, and a copy of the regulatory body's decision.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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 in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____