

# Marijuana Industry Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION							
Applicant Name:				DBA:			
Address:							
City:				State:		Zip Code:	
Phone:		Ext:		Website:			
Years in business under current management:				Date Established:			
Inspection contact name and information:							
Type of Enterprise:	Corporation	Individual	Partnership	Proprietorship	LLC		
	Non-profit	For profit	Joint venture	Government entity			
	Other:						
Provide detailed description of operations below:							
Provide list of subsidiaries and their operations below:							
Provide list of additional offices and locations below:							
Provide business financial information for the last five (5) years and estimates for the next year in the table below:							
Year	Domestic Sales	Foreign Sales	Payroll	# of Employees			
Next Year							
Last Year							
2 Years Prior							
3 Years Prior							
4 Years Prior							
5 Years Prior							

<b>PREMISES INFORMATION (complete this section for each location)</b>			
Location:			Square Footage Occupied by Applicant:
Description of Product Use:	Medical	Recreational	Both No cannabis products
Description of business operations at this location (check all that apply below):			
Cultivation/Growing      Processor of Marijuana      Manufacturer of Products Containing Marijuana Recreational Marijuana (Retail Shop)      Marijuana Testing Lab      Medical Marijuana (Dispensary)			
Describe the type of crime area in which applicant's premises is located:		Low	Moderate High
Describe the area in which the applicant's business is located:		Commercial	Industrial Agricultural Residential
Is the nature of the business advertised on the outside of the building?		Yes	No
Does applicant occupy the entire building?		Yes	No
a. If "No", are there connecting doors to adjacent units?		Yes	No
b. If "Yes", how are the connecting doors secured (i.e., deadbolts, alarms, etc.):		Yes	No
Does anyone live on premises? <i>If yes, describe occupancy in the space provided below:</i>		Yes*	No
*Is there a separate homeowner's insurance coverage in place?		Yes	No
Does the premises have a pool, pond, or other water exposure? <i>If yes, explain below.</i>		Yes	No
Which of the following security systems are utilized? Check all that apply below.			
Central station burglar alarm      Exterior video cameras      Interior video cameras      Door greeter/ID checker Interior motion detectors      Security guards – armed      Security guards – unarmed      Gated doors Gated windows      Hold-up button/panic button      Safe or vault      Fencing Dog(s); Breed:      Number:			
Are all security measures fully operational during non-business hours?		Yes	No*
*If no, which ones are not:			
If guards and/or greeters are used are they employees?		Yes	No
a. If no, do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured?		Yes	No
b. Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?		Yes	No
c. What minimum limits of coverage do independent contractors carry?			
Are there any firearms on the property, including any firearms carried by security guards? <i>If yes, explain below:</i>		Yes	No
Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robber or other crime?		Yes	No
Are employees instructed to cooperate and obey the robber's instructions and not to resist?		Yes	No

<b>OPERATIONS</b>		
<i>Provide the following financial information:</i>	<b>Previous 12 Months</b>	<b>Projected Next 12 Months</b>
Annual gross receipts from medical marijuana (leaves, bud, flower and trim)		
Annual gross receipts from infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from medical marijuana concentrates not intended for use in vaporizing devices		
<b>Total Medical Marijuana &amp; Medical Marijuana Containing Products:</b>		
Annual gross receipts from recreational marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused recreational marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical recreational marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from recreational marijuana oil cartridges or recreational marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from recreational marijuana concentrates not intended for use in vaporizing devices		
<b>Total Recreational Marijuana &amp; Recreational Marijuana Containing Products:</b>		
Annual gross receipts from vaporizing devices including room vaporizers and vapor pens		
Annual gross receipts from smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)		
Annual gross receipts from sales of other goods (e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp based lotions or oils, etc.)		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services (e.g. massage, acupuncture, etc.)		
<b>Total Revenue Other:</b>		
<b>Grand Total All (Medical + Recreational + Other):</b>		
Total number of patient contacts:		

What experience does the insured have in operating a marijuana business and/or running or managing a commercial business? Describe below:		
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
Is the insured a member of any cannabis/marijuana trade associations? <i>If yes, list all associations below:</i>	Yes	No

DISPENSARY INFORMATION	
Are there any employed professionals (e.g., physicians or pharmacists)?	Yes* No
<i>*If yes, do the employed professionals carry their own separate professional liability insurance?</i>	Yes No
How does the dispensary ensure compliance with state law? Please check below all that apply.	
<input type="checkbox"/> Checking photo ID and registration card of patient <input type="checkbox"/> Checking photo ID to verify consumer over age 21 Other:	<input type="checkbox"/> Confirming physician's recommendation <input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises
How much inventory is displayed to customers?	0-5% 6-10% 11-25% Greater than 25%
Is any on-site consumption of marijuana or products containing marijuana permitted? <i>If yes, explain:</i>	Yes No
Does applicant offer delivery of marijuana products?	
Yes No What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:	
If the applicant distributes marijuana oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time?	
Yes No*	
<i>*If no, please explain how the applicant controls access to these high dose/concentration products:</i>	
If applicant distributes marijuana oils or concentrates manufactured by others, does applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process?	
Yes No*	
<i>*If no, what type of extraction system and solvents are used by the insured's manufacturers/suppliers? Explain below:</i>	
Does applicant maintain a ledger with a record of the quantity of marijuana or product containing marijuana dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, the date and time dispensed?	
Yes No	
Does applicant maintain separate records for medical and recreational marijuana products?	
Yes No	
Does applicant grow medical or recreational marijuana or are other cannabis plants on the premises? <i>If yes, please complete Growing Facility Information section.</i>	
Yes No	
Are any products containing marijuana manufactured, mixed, labelled, or relabelled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? <i>If yes, please complete Manufacturing and Processing Operations section.</i>	
Yes No	
Do any products, ingredients, or components originate from outside of the United States?	
Yes No	
a. If yes, specify what products are imported and the countries of origin below:	
b. If yes, are imported products and components tested for contamination and verification that they match what was ordered?	
Yes No	
For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers?	
Yes No	

For products that applicant does not produce, does applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier?	Yes	No
Does applicant use a third party testing lab to test their marijuana and products containing marijuana? *If yes, do all testing reports received from this laboratory indicate the following?	Yes*	No**
Products are not contaminated with pesticides      Products are not contaminated by bacteria Products are not contaminated by mold/fungus      Products are not contaminated by mycotoxins Products are not contaminated by heavy metals      Products are not contaminated by residual solvents Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)      Terpene profiles Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)		
**If no, how does applicant ensure product purity? Explain below:		

GROWING FACILITY INFORMATION		
Does applicant grow any marijuana that is intended to be distributed for recreational purposes?	Yes*	No
*If yes, what percentage of revenue is derived from these operations?	%	
Does applicant maintain separate records for medical and recreational products?	Yes	No
Are marijuana cultivation areas located:	Indoors	Outdoors      Greenhouse
a. If outdoors, provide the approximate size of the growing area in acres:		
If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? If yes, please answer the following (a. – d.)	Yes	No
a. Please describe fence (i.e. height, material used, electrified, etc.):		
b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property?	Yes	No
c. Is fenced in area locked at all times?	Yes	No
d. Are there locked gates at all entrances to the property and/or growing area?	Yes	No
If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? If no, describe how the greenhouse will be secured to prevent unauthorized entry below:	Yes	No
What is the maximum number of plants on the premises at any one time?		
Are any products containing marijuana manufactured, mixed, labelled, or relabelled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? <i>If yes, complete Manufacturing and Processing Operations section.</i>	Yes*	No
Does applicant use a third party testing laboratory to test their marijuana and products containing marijuana?	Yes*	No**
<i>*If yes, do all testing reports received from this laboratory indicate the following (check all that apply)</i>		
Products are not contaminated with pesticides      Products are not contaminated by bacteria Products are not contaminated by mold/fungus      Products are not contaminated by mycotoxins Products are not contaminated by heavy metals      Products are not contaminated by residual solvents Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)      Terpene profiles Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)		
<i>**If no, how does applicant ensure product purity?</i>		
Is marijuana or any products containing marijuana ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received from the third party testing laboratory?	Yes	No

MANUFACTURING & PROCESSING OPERATIONS		
Please supply a complete list of products manufactured or processed by applicant below:		
Are manufacturing and processing facilities located:	Indoors	Outdoors*
*If outdoors, provide the approximate size of the processing area in acres:		
b. If outdoors, provide the approximate size of the growing area in acres:		
Will the production of any of the above listed products require open flame, frying, or other cooking methods? If yes, answer a – b:	Yes	No
a. Does your establishment have an automatic fire suppression system that extends over all cooking surfaces?	Yes	No
b. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this?	Yes	No
Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates?	Yes*	No
<i>*If yes, please answer the following:</i>		
a. What extraction or manufacturing method will the applicant utilize?		
b. If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use?	Yes	No
c. Will the oils or concentrates be distributed in bulk to other infused product manufacturers?	Yes	No
d. Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices?	Yes*	No
*If yes, which products:		
e. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving? Detail below:		
Does the applicant actually produce the individual filled cartridges for vapor pens? If yes, answer a-b.	Yes	No
a. Are the cartridges one size fits all or are they only compatible with a particular brand?		
If only compatible with a particular brand, which brand?		
b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers		
Are all marijuana and products containing marijuana manufactured and distributed by the applicant sold in child proof packaging or containers?	Yes	No
Has applicant consulted with an attorney to determine that their labelling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements? If no, please answer the following (a – d):	Yes	No
a. Does labelling contain warning to keep product away from children and pets?	Yes	No
b. Does labelling contain warning that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption?	Yes	No
c. Does labelling meet state standards (if any) for being packaged in a way that does not appeal to children?	Yes	No
d. What steps has the applicant taken to ensure that packaging and labelling meets state and local requirements:		
Do any products, ingredients, or components originate from outside of the United States? If yes, a-b:	Yes	No
a. Specify what products are imported and the country(s) of origin:		

b. Are imported products and components tested for contamination and verification that they match what was ordered?	Yes	No
For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and Additional Insured status from all US based manufacturers or suppliers?	Yes	No
Does applicant use a third party testing lab to test their marijuana and products containing marijuana?	Yes*	No**
*If yes, do all testing reports received from this laboratory indicate the following (please check all that apply):		
Products are not contaminated with pesticides	Products are not contaminated by bacteria	
Products are not contaminated by mold/fungus	Products are not contaminated by mycotoxins	
Products are not contaminated by heavy metals	Products are not contaminated by residual solvents	
Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)	Terpene profiles	
Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)		
**If no, how does applicant ensure product purity?		
Is marijuana or any product containing marijuana ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the third party testing laboratory?	Yes	No
Does applicant have a written product recall plan?	Yes	No

### PRIOR INSURANCE AND CLAIMS HISTORY

*Provide insurance information for the past three (3) years:*

Carrier	Limits	Deductible	Retro Date	Premium	Exposure Base or Policy Rate

In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance? If yes, provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of Claims	Total Paid	Total Reserves	Total Incurred	Valuation Date

### DISCLOSURE

I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not misstated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact\* may entitle underwriters to void the insurance.

\*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the



insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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