




### CANNABIS LIABILITY INSURANCE APPLICATION

Producing Agent Name: \_\_\_\_\_ License Number: \_\_\_\_\_

All information provided in response to this Application shall become part of any policy issued. Please answer each question accurately and completely. Incomplete and/or inaccurate information may delay determination of your application or invalidate coverage. Where additional space is needed, please utilize Supplemental Page(s) and identify the applicable section and question.

#### ACKNOWLEDGEMENTS, REPRESENTATIONS & WARRANTIES

**CLAIMS-MADE COVERAGE (PRODUCTS AND COMPLETED OPERATIONS ONLY):** I understand and acknowledge that the coverage afforded by the applied for Cannabis Products Liability Insurance is limited to only claims first made against the Insured during the Policy Period **AND** reported in writing to the Company within the Policy Period or the Extended Reporting Period, if any, or as otherwise provided by the Policy.

 **Applicant Signature:** \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUBMISSION REQUIREMENTS

- Completed and Executed CHIC Application
- Supplemental Insurance Information – See Below
- Provide a copy of each license

#### COVERAGE ELECTIONS

<b>Requested Policy Period</b>	<b>From:</b>	<b>To:</b>
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**Product Liability Limits; Claims Made & Reported**

\$500,000 Occurrence / \$1,000,000 Aggregate

\$1,000,000 Occurrence / \$2,000,000 Aggregate

\$2,000,000 Occurrence / \$2,000,000 Aggregate

**Product Withdrawal Limits:**

\$100,000 Occurrence / \$100,000 Aggregate

\$250,000 Occurrence / \$250,000 Aggregate

\$500,000 Occurrence / \$500,000 Aggregate

**Product Liability Deductible:**

\$5,000 Occurrence     \$10,000 Occurrence

\$25,000 Occurrence     \$50,000 Occurrence

\$100,000 Occurrence

**Product Withdrawal Deductible:**

\$5,000 Occurrence     \$10,000 Occurrence

\$25,000 Occurrence     \$50,000 Occurrence

\$100,000 Occurrence

**Retroactive Date:**     5 Years     4 Years     3 Years     2 Years     1 Years     None

**Extended Reporting Period:** Insured may elect to extend the reporting period for an additional 12 months pursuant to the terms of the policy for additional premium equal to 100% of the last annual audited premium.

**General Liability Limits; Occurrence (California Only):**

\$300,000 Occurrence / \$2,000,000 Aggregate

\$500,000 Occurrence / \$2,000,000 Aggregate

\$1,000,000 Occurrence / \$2,000,000 Aggregate

**General Liability Deductible (California Only):**

\$0 Occurrence

\$1,000 Occurrence

\$5,000 Occurrence

**Security Guard Coverage (California Only):**   
Check box to elect coverage for employed/subcontracted security guards and complete **Section G.**

**Supplemental Insurance Information:**  
Regarding losses related to Applicant's products, services, or operations; if Applicant has:  
1. No prior losses - complete the attached **Statement of No Loss** covering the period from the date operations commenced  
2. Prior losses – provide currently valued Loss Runs for the last 5 years or extending to the date operations commenced

**Section A – General Information (Required for all Applicants)**

Legal Business Name (“Applicant”): \_\_\_\_\_  
 Trade Name (“DBA”): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Business Structure:  Corporation  Partnership  LLC  Sole Proprietorship  S Corporation  
 Other (describe): \_\_\_\_\_  
 Date of Organization: \_\_\_\_\_ State of Organization: \_\_\_\_\_  
 How many years has Applicant been in business under the present name? \_\_\_\_\_  
 Has Applicant ever engaged in this or similar enterprises under a different name?  Yes  No  
 If Yes, provide full details: \_\_\_\_\_  
 If Applicant is a subsidiary of another corporation, identify the parent corporation: \_\_\_\_\_  
 Does the First Named Insured have any subsidiaries?  Yes  No  
**If Yes, include an organization chart with submission and include information in Supplemental Page.**

Operations (check all activity types that apply):  Cultivation  Testing  Manufacturer  Retail  
 Processor  Microbusiness  Delivery  Distributor

Product Use (check all that apply):  Recreational  Medicinal  Hemp/CBD

**License Schedule:** How many Cannabis Licenses does Applicant, any subsidiary and/or affiliate possess: \_\_\_\_\_

- a) Provide a copy of each license with this application
- b) Complete for each license (only entities/licensed operations listed will be underwritten and eligible for coverage):

**Washington Applicants:** List each endorsement type as a separate license

License #:	License Type(s):	DBA:	Physical Address:	Date Sales Commenced:

Provide Applicant’s gross sales by applicable category:	Last 12 Months	Next 12 Months
(a) Cultivation:	\$ _____	\$ _____
(b) Processing:	\$ _____	\$ _____
(c) Manufacturing:	\$ _____	\$ _____
(c) Retail & Delivery:	\$ _____	\$ _____
(d) Non-cannabis retail (includes accessories):	\$ _____	\$ _____
(e) Distribution	\$ _____	\$ _____
(f) Laboratory and testing:	\$ _____	\$ _____
(g) Other: _____	\$ _____	\$ _____
<input type="checkbox"/> New Venture – no prior gross revenue	<b>TOTALS:</b> \$ _____	\$ _____

Of the total sales above, provide Applicant’s gross sales by applicable category:	Last 12 Months	Next 12 Months
(a) Production of vaping or dabbing equipment, vapor cartridges, or concentrates/oils intended for inhalation.	\$ _____	\$ _____
(b) Retail of vaping or dabbing equipment, vapor cartridges, or concentrates/oils intended for inhalation.	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____
<input type="checkbox"/> Applicant does not manufacture, produce, distribute, or retail any of the above-named products		

**Section B – General Operations (Required for all Applicants)**

1. Will Applicant have General Liability Insurance during the policy period?  Yes  No

2. Does Applicant currently have a dedicated compliance officer whose primary responsibility is to ensure compliance with all in-house Standard Operating Procedures (SOPs), state and local laws and regulations, and to conduct internal compliance audits who:

- (a) has served in this capacity for at least one (1) year;
- (b) has at least two (2) years of total experience with regulatory and in-house SOP compliance oversight with Applicant and/or in a similar industry; and
- (c) has a BA/BS or higher degree?

Yes  No

If No, does Applicant have a designated employee(s) whose responsibilities include regulatory and in-house SOP compliance oversight for all operation types?  Yes  No

3. Have Applicant’s licenses or licensed operations ever been subject to any investigation by any state and/or local government agency and/or other authority concerning its compliance with applicable laws and regulations that resulted in disciplinary or remedial action, fines or any similar action?  Yes  No

If Yes, describe in detail in a **Supplemental Page**.

4. Is Applicant aware of any incidents or circumstances involving or arising out of Applicant’s products or operations that is likely to result in a claim(s) against Applicant?  Yes  No

If Yes, provide complete details in a **Supplemental Page**.

**5. Standard Operating Procedures & Policies**

Does Applicant have written policies and operation procedures in place for:

- (a) Inventory storage, tracking, transportation, and shipping?  Yes  No
- (b) Point of sale systems and sales tracking?  Yes  No  N/A
- (c) Sanitization and contamination prevention?  Yes  No
- (d) Employee training?  Yes  No
- (e) Quality assurance?  Yes  No
- (f) Packaging and labeling?  Yes  No  N/A
- (g) Cultivation, irrigation, pesticide application?  Yes  No  N/A
- (h) Extraction and purging?  Yes  No  N/A
- (i) Cooking, application, and infusion?  Yes  No  N/A
- (j) Record keeping and documentation?  Yes  No
- (k) Communication and complaint handling?  Yes  No
- (l) Safety and security?  Yes  No

**6. On-Premises Consumption.** Does Applicant sell, furnish, or otherwise provide, whether for a charge or without a charge, any Cannabis or Cannabis Products for consumption on Applicant’s premises or permit any person to bring any Cannabis or Cannabis Products on its premises for consumption on its premises?  Yes  No

7. Do two (2) or more of the Applicant’s officers have combined experience in one (1) or more of these sectors:

- (i) cannabis cultivation, manufacturing, or retail;
- (ii) general agriculture;
- (iii) food products manufacturing or retail; or
- (iv) pharmaceutical products manufacturing or retail.

Seven (7) years?  Yes  No  
Ten (10) years?  Yes  No

<< Continued on Next Page >>

## Section C – Products (Required for all Applicants seeking Product Liability Coverage)

### Edible Packaging:

N/A, Applicant does not produce or sell edibles

1. Are all edibles produced or sold by Applicant:

(a) Packaged in tamper-resistant and child-resistant sealed packaging?  Yes  No

(b) Limited to a maximum of 100mg of Tetrahydrocannabinol (THC) and/or Cannabidiol (CBD) per sealed package?  Yes  No

(c) If the product is multi-serving are the individual servings (i) limited to 10mg THC and/or CBD, and (ii) scored or delineated to indicate a single serving?  Yes  No

(d) If the product is multi-serving is the outer packaging resealable and does it maintain child-resistance after each opening?  Yes  No

2. Are **ALL** cannabis products manufactured, produced, distributed, or retailed by applicant and intended for consumption by consumers sold in tamper-resistant and child-resistant sealed packaging or containers?  Yes  No

3. Does Applicant produce, distribute, or retail any cannabis or cannabis products in packaging or with any advertising materials on which any health claims are made?  Yes  No

**If Yes**, in a **Supplemental Page** identify the product(s) name and details of the claim.

4. Does Applicant have a formal recall plan?  Yes  No

**If No**, will applicant have a product recall plan within 90 days of the effective date?  Yes  No

5. Has Applicant voluntarily or involuntarily recalled or discontinued any of its products for any reason?  Yes  No

**If Yes**, specify for each: Date of recall, product(s) involved, cost incurred, and reason for recall in a **Supplemental Page**.

6. Has any suit involving products liability been brought against Applicant in the last 3 years?  Yes  No

**If Yes**, provide detail for each suit including jurisdiction and case # in a **Supplemental Page**.

7. Does Applicant use an independent, state certified/authorized testing service to test its products prior to distribution?  Yes  No

If Applicant retails only, do you obtain Certificates of Analysis from each vendor?  Yes  No

8. If applicant produces or sells vapor cartridges or oil intended for vape use:

N/A, No Vape Sales

(a) Do any cannabis vapor products contain additives, fillers, or thickening agents including, but not limited to, vitamin E acetate, propylene glycol (PG, PPG), polyethylene glycol 400 (PEG), vegetable glycerin, or medium-chain triglyceride (MCT oil) or any other lipid based thickener or additive?  Yes  No

(b) If applicant answered yes to the question above, please list any additives, fillers or thickening agents contained in cartridges manufactured, produced, distributed or retailed by applicant: \_\_\_\_\_

(c) Has applicant previously used thickening agents, fillers, or additives in the production of vapor cartridges or oils intended for vape use?  Yes  No

## Section D – Cultivation Operations (Growing and Processing)

Check box if no cultivation operations and proceed to next section.

1. Does Applicant use an independent, state certified/authorized testing service to test each plant harvest, including, but not limited to, flower, trim, and any plant material intended for human consumption by any means after final drying and processing, for THC potency, pesticides, herbicides, fungicides, moldicides, anti-microbial agents, microbials, and mycotoxins?  Yes  No

2. Cultivation operations:  Indoor  Outdoor  Enclosed Greenhouse  Open Greenhouse

3. Does Applicant's water treatment system utilize:

(a) Reverse osmosis filtration?  Yes  No

(b) UV sterilization?  Yes  No

(c) Is the Applicant's irrigation system closed and pressurized?  Yes  No

## Section E – Manufacturing Operations (Cooking, Infusion, and Extraction)

Check box if no manufacturing operations and proceed to next section.

1. Does Applicant perform extraction?  Yes  No  
(a) If yes, what solvent(s) are used? \_\_\_\_\_

2. For all extraction methods involving propane, butanes, heptanes, benzene, toluene, hexane, or any other liquified petroleum gases or hydrocarbons as solvents, does Applicant utilize a commercial, certified:  
(a) closed loop extraction system?  Yes  No  N/A  
(b) vacuum oven, distillation, chromatography, or rotary evaporator systems to purge all extracted cannabis oil of residual solvents?  Yes  No  N/A

3. Does Applicant use an independent, state certified/authorized testing service to test 100% of processed/manufactured consumable end-products, including, but not limited to, edibles, concentrates, oils, beverages, etc., for THC potency, THC homogeneity, and residual solvent concentrations?  Yes  No  
If Yes, who provides testing? Name: \_\_\_\_\_

4. Does Applicant require testing for pesticides, herbicides, moldicides, fungicides, microbials, and mycotoxins from each vendor(s) supplying cannabis stock?  Yes  No

5. Does Applicant's water treatment system utilize:  
(a) Reverse osmosis filtration?  Yes  No  N/A  
(b) UV sterilization?  Yes  No  N/A

6. Does Applicant utilize any custom, in-house produced manufacturing/processing equipment?  Yes  No  
If Yes, provide a schedule identifying each piece of custom equipment, including age, builder/producer, and application in a **Supplemental Page**.

7. Does Applicant source products or raw materials or components for any of its products from a country of origin outside of the United States?  Yes  No  
If Yes, in a **Supplemental Page** specify in detail which product(s) Applicant distributes that contain raw materials or components from outside of the United States.

## Section F – Retail, Delivery & Distribution Operations

Check box if no retail, delivery, or distribution operations and proceed to next section.

1. Does Applicant require testing for pesticides, herbicides, moldicides, fungicides, and anti-microbial agents; microbials and mycotoxins; solvent concentrations; and THC potency and homogeneity from each vendor(s) supplying cannabis products and/or flower?  Yes  No

2. Are all products distributed or retailed by Applicant in compliance with packaging, labeling, and testing laws, to the best of Applicant's knowledge?  Yes  No

3. For distribution operations:  N/A  
(a) Does Applicant distribute only its own products?  Yes  No  
(b) Does Applicant distribute third party products for hire?  Yes  No

## Section G – Security Guard Information (Required for Applicants seeking Security Guard coverage)

1. Does Applicant have security guards on premises?  Yes  No  
(a) Are Applicant's security guards state certified?  Yes  No  
(b) Are Applicant's security guards employees?  Yes  No  
(c) Does Applicant subcontract its security guards from a security firm?  Yes  No  
If yes, is Applicant named as Additional Insured on guard service's General Liability Policy?  Yes  No  
If yes, what are the required minimum General Liability limits of guard service's? \$ \_\_\_\_\_

2. If Applicant has security guards, are the guards armed?  Yes  No

3. What is Applicant's annual cost to employ/subcontract its security guards? \$ \_\_\_\_\_

## Products List (Required for All Applicants)

List any and all products Applicant cultivates, processes, manufactures, tests, handles, dispenses, retails, sells, or otherwise handles through its licensed operations:

- Oils and Concentrates
- Flower
- Pre-rolls
- Edibles
- Topicals
- Non-cannabis accessories
- Other:

<< SIGNATURES ON NEXT PAGE >>

**EXECUTION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

**COMPLIANCE:** I represent and warrant that Applicant, and any principal, partner, owner, officer, director, employee, manager or managing member thereof or any subsidiary, or affiliated organization is in compliance with all local and state laws and regulations regarding the cultivation, processing, manufacturing, testing, handling, shipping, dispensing, sale, and control of cannabis.

 **Applicant Signature:** \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I, the **Undersigned Authorized Representative of the Applicant**, understand and agree that this Application and any other Supplemental Materials, including, but not limited to financial statements, information, documents, and forms provided in support of this Application, such Supplemental Materials provided being incorporated herein by reference, will be relied upon for issuance of any insurance policy. I further understand and agree that failure to provide true and accurate responses and information in this Application and to provide true and accurate Supplemental Materials as requested may, at the option of **Continental Heritage Insurance Company ("Company")**, result in the voiding and/or termination of the Application and any insurance issued in reliance on this Application and/or denial of claims under any policy issued.

The representations contained in this Application, and all other Supplemental Materials provided are warranted by Applicant to be true and accurate. Such representations are made as material inducements to be relied upon by Company and its authorized representative(s) in issuing the requested insurance.

**FRAUD STATEMENT:**

**General:** 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.

**California Applicants:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.


**Washington 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.



**IN WITNESS WHEREOF**, the undersigned have executed this Application on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Name of Applicant Firm

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

 \_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Licensed Insurance Brokering Agent Signature

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Printed Name of Licensed Insurance Brokering Agent

\_\_\_\_\_  
Position with Applicant

\_\_\_\_\_  
Name of Appointed Insurance Brokerage

## SUPPLEMENTAL PAGES

Use the Supplemental Page(s) to provide additional information. *Make copies and attach as necessary.*

**For Subsidiary Information**, include each subsidiary, its operations, and projected revenue.

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		



## Schedule 1: Additional Insured

Please complete this Schedule for **each Additional Insured** requested. *Make copies and attach as necessary.*

<b>Additional Insured #1</b>	Legal Name: _____
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>General Liability Coverage AI Type:</b> <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
<b>Product Liability Coverage AI Type:</b> <input type="checkbox"/> Vendor	
<b>Applicant's Products (AI Vendor Only):</b>	

<b>Additional Insured #2</b>	Legal Name: _____
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>General Liability Coverage AI Type:</b> <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
<b>Product Liability Coverage AI Type:</b> <input type="checkbox"/> Vendor	
<b>Applicant's Products (AI Vendor Only):</b>	

<b>Additional Insured #3</b>	Legal Name: _____
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>General Liability Coverage AI Type:</b> <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
<b>Product Liability Coverage AI Type:</b> <input type="checkbox"/> Vendor	
<b>Applicant's Products (AI Vendor Only):</b>	

<b>Additional Insured #4</b>	Legal Name: _____
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>General Liability Coverage AI Type:</b> <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
<b>Product Liability Coverage AI Type:</b> <input type="checkbox"/> Vendor	
<b>Applicant's Products (AI Vendor Only):</b>	

<b>Additional Insured #5</b>	Legal Name: _____
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
<b>General Liability Coverage AI Type:</b> <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
<b>Product Liability Coverage AI Type:</b> <input type="checkbox"/> Vendor	
<b>Applicant's Products (AI Vendor Only):</b>	

# STATEMENT OF NO LOSS

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM FROM 12:01 AM ON**

**TO**  
\_\_\_\_\_  
DATE OPERATIONS COMMENCED      DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
SIGNED BY (Print Name & Title)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE AND TIME