

# CBD PRODUCTS LIABILITY APPLICATION

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address and/or Storage Location 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Business Address and/or Storage Location 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Business Address and/or Storage Location 3: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Business operated as:  Corporation  LLC  LLP  Partnership  Individual

Date of Incorporation/ Start of Operations: \_\_\_\_\_ Days/hours of operation: \_\_\_\_\_

Gross Receipts for ALL operations: Prior 12 Months: \_\_\_\_\_ Next 12 Months: \_\_\_\_\_

Do you have any Foreign Sales?  Yes  No If Yes, % of Sales: \_\_\_\_\_

List of Countries: \_\_\_\_\_

Do you need General Liability?  Yes  No If no, what Company insures your General Liability coverage? \_\_\_\_\_

Are you required to name any other person or entity as an Additional Insured on your Policy?  Yes  No

a. If Yes, please provide Name and Address: \_\_\_\_\_

b. What is the interest of the Additional Insured?  Landlord  City or Government Agency  Lessor  Franchisor  
 Vendor  Other: \_\_\_\_\_

c. Does the additional Insured require the following:  Primary/ Non Contributory Wording  Waiver of Subrogation

## OPERATIONS

1. List ALL Business Operations

Manufacturer  Distributor/Wholesaler  Importer  Retailer

Private Label Products  Exporter  Other: \_\_\_\_\_

2. List complete description of ALL products manufactured, baked or produced by the applicant:

*(Need Full Product List to be attached)*

Beauty/Cosmetic Creams  Soaps/Shampoos  CBD only Capsules/Tablets  Tinctures

Oils Extracted for use by a 3<sup>rd</sup> Party  Hemp for Textiles  Pet Supplements/Pet Treats  Lotions/Salves

Distilled oils to 3<sup>rd</sup> party specifications  Other CBD Products: \_\_\_\_\_

Any NON CBD Products: \_\_\_\_\_

3. Is Blanket Vendors coverage desired?  Yes  No

4. Is there a written products recall plan?  Yes  No

5. Any hold harmless agreements, warranties, guarantees given to any supplier, distributor, or purchaser?  Yes  No

a. Please Explain: \_\_\_\_\_

6. Any new products introduced in the past year?  Yes  No

a. If yes, list product(s) and when introduced: \_\_\_\_\_

# CBD PRODUCTS LIABILITY APPLICATION

7. List any product that has been discontinued or recalled in the past year and why? \_\_\_\_\_  
\_\_\_\_\_
8. Do you manufacture the complete product?  Yes  No
- a. If no, what component parts are purchased by you: \_\_\_\_\_
- b. Who are component parts purchased from: \_\_\_\_\_
- c. If products are not manufactured by you, are actual manufacturers located in the US?  Yes  No
- d. If yes, do they carrier domestic products insurance at limits of \$1M or greater?  Yes  No
- e. Do you require certificates of insurance that name you as an Additional Insured?  Yes  No
- f. Are any foreign products/components involved?  Yes  No
- i. If yes, identify the company of manufacture and country of origin: \_\_\_\_\_
9. Will any vendor repackage, re-label or modify your product?  Yes  No
- a. If yes, explain: \_\_\_\_\_
10. List all products manufactured by you not sold under its label: \_\_\_\_\_  
\_\_\_\_\_
11. Are any new products proposed for introduction in the next 12 months?  Yes  No
- a. If yes, list product(s): \_\_\_\_\_
12. Can products be identified from those of competitors?  Yes  No
- a. If yes, how: \_\_\_\_\_

## Extracting Your Own Oils or Oils For Use By Others

Does Not Apply

1. What extraction method do you use:  Alcohol/Ethanol  Co2  Ice Water/Rosen Press  Butane  
 Other: \_\_\_\_\_
2. Do you use a closed loop system?  Yes  No
3. Are all employees that use extraction equipment thoroughly trained?  Yes  No
4. Are Standard Operating Procedures in place for operation of all extraction equipment?  Yes  No
5. Is all extraction equipment under a routine maintenance program?  Yes  No
6. Are extraction operations conducted in a dedicated room?  Yes  No
7. Is all equipment used according to manufacturer specifications?  Yes  No
8. Have you made any modifications to the equipment beyond what the manufacturer intended?  Yes  No
9. Is a ventilation system in place within the extraction area?  Yes  No
10. Is there a gas detection system installed in the extraction area?  N/A  Yes  No
11. Are all flammable liquids stored in a UL approved container?  N/A  Yes  No

### Questions for Hydrocarbon/ Flammable Solvents:

1. Is the lab or extraction area sprinklered, or does it have a form of fire suppression system installed?  Yes  No
2. Is extraction equipment in a room with any equipment that could cause a spark? (water heaters, area heaters, stoves, furnaces, cell phones, hand tools)  Yes  No

### Questions for CO2 Extraction:

1. Are CO2 compressed gas cylinders secured to a fixed object to prevent falling?  Yes  No
2. Are pressure relief devices and blow-off valves piped to exterior of building?  Yes  No
3. Is the extraction equipment installed with adequate clear space from any combustibile materials?  Yes  No

# CBD PRODUCTS LIABILITY APPLICATION

## QUALITY CONTROL / LOSS CONTROL

1. Do you use a third party lab to test products containing CBD for ALL of the following:
  - a. Products < 0.3% THC?  Yes  No
  - b. Products are not contaminated with Pesticides, Bacteria, Mold/Fungus, Mycotoxins, Heavy Metals, Residual Solvents  Yes  No
  - c. Cannabinoid profiles (e.g THCA, delta8-THC, CBDA, CBD, CBG, CBD etc.); Cannabinoid dosage per service (milligrams per service for each cannabinoid); Terpene profiles?  Yes  No
    - i. If No, to any explain: \_\_\_\_\_
2. Are any products containing CBD ever released into the stream of commerce (i.e. to dispensaries, 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
3. Is a written loss control program in effect?  Yes  No
4. Any written quality control procedure?  Yes  No

## WARNINGS

1. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:
  - a. warnings labels and written instructions for use?  Yes  No
  - b. Other means? (If yes, attach details)  Yes  No

## CLAIMS HISTORY

1. Do you Currently have Products and/or General Liability Insurance coverage  Yes  No  

<u>Insurer:</u>	<u>Policy #:</u>	<u>Limits:</u>	<u>Premium:</u>	<u>Exp. Date</u>	<u>Policy Type:</u>
					<input type="checkbox"/> Prods <input type="checkbox"/> GL
- If Claims Made: Provide Retro date: \_\_\_\_\_
2. Have you ever had products and/or general liability insurance refused, declined, cancelled or accepted on special terms? *If yes, provide details on a separate sheet*  Yes  No
3. Do you, or any applicant, have knowledge of an event, circumstance or occurrence prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? *If yes, describe details on a separate sheet*  Yes  No

## ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy. I understand this insurance is being provided through a surplus lines company and the insurer is not subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

\_\_\_\_\_  
LIABILITY LIMIT REQUESTED

**One box below must be checked:**

I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM