



### Medical Marijuana General Liability Application

Applicant's Name: _____	Agency Name: _____
Mailing Address: _____	Agent: _____
Location Address: _____	Address: _____
Web Site Address: _____	E-mail: _____
	Phone: _____

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

**Applicant is:** ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture  
☐ Limited Liability Company ☐ Other (Specify): \_\_\_\_\_

**Limits Of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate (coverage excluded if GLS-324s is attached)	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Sexual and/or Physical Abuse Coverage	\$ 25,000/\$50,000 (included)
Select one: <input type="checkbox"/> Broadened Coverage Form—GLS-323s (coverage at policy limits or excluded if GLS-324s is attached) <b>OR</b> <input type="checkbox"/> Products & Professional Exclusion—GLS-324s	\$ \$ \$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

**A. GENERAL INFORMATION:**

1. Applicants tax status is:..... ☐ For Profit ☐ Nonprofit
2. Applicants operations are (Check all that apply):  
☐ Dispensary only ☐ Growing Facility only ☐ Dispensary and Growing Facility ☐ Caregiver
3. Year business started: \_\_\_\_\_ Years of experience in the Medical Marijuana industry: \_\_\_\_\_
4. Actual annual gross revenue last twelve (12) months:.....\$ \_\_\_\_\_
5. Estimated annual gross revenue next twelve (12) months:.....\$ \_\_\_\_\_
6. Does applicant comply with all applicable state and local laws, statutes, rules, regulations, ordinances, licensing requirements or restrictions governing the dispensing of medical marijuana? ..... ☐ Yes ☐ No
7. Does applicant dispense any drugs/marijuana products that are directly imported from outside the U.S.A.? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
8. Does applicant have any operations outside the U.S.A.? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
9. Does applicant provide internet or mail order services? ..... ☐ Yes ☐ No
10. Does applicant check to confirm that all purchasers/patients have a valid Photo Identification and Medical Marijuana User Identification Card, and confirm physician's recommendation for the state in which the applicant is operating prior to dispensing marijuana and/or marijuana containing products? ..... ☐ Yes ☐ No
11. Are there any physicians on staff performing other than administrative duties? ..... ☐ Yes ☐ No
12. Does applicant sell items other than marijuana, such as, pipes or vaporizers, growing equipment, lotions, clothing, vitamins, or herbal, dietary, nutritional supplements, etc.? ..... ☐ Yes ☐ No  
If yes, describe and provide estimated annual receipts for each category: \_\_\_\_\_  
\_\_\_\_\_
13. Are any of the above items manufactured, labeled or relabeled by the applicant? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
  - a. Are these products tested and labeled to meet government and/or industry standards? ..... ☐ Yes ☐ No
  - b. Is a written loss control program in effect? ..... ☐ Yes ☐ No
  - c. Is there a written quality control procedure manual? ..... ☐ Yes ☐ No
14. Are any other services provided, such as massage, acupuncture, etc.? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
15. Is all marijuana and marijuana containing products inventory and or stock, other than that on display or growing, kept in a locked safe? ..... ☐ Yes ☐ No  
If yes, make and model of safe on premises: \_\_\_\_\_  
☐ Burglary rating of B1, B2, or B3 with security label less than TL-15 and/or not bolted to the floor.  
☐ Burglary rating of B4 or higher with security label of TL-15 or higher and bolted to the floor but less than ½ ton weight.

☐ Burglary rating of B4 or higher with security label of TL-15 or higher and bolted to the floor and weight ½ ton or more.

☐ Other, describe: \_\_\_\_\_

16. Does applicant utilize employed security guards? ..... ☐ Yes ☐ No

If yes, provide the following:

a. Number of Guards: .....

b. Annual Guard Payroll: .....\$

17. Does applicant utilize contracted security guards? ..... ☐ Yes ☐ No

If yes, provide the following:

a. Number of Guards: .....

b. Annual Contracted Cost .....\$

c. Does applicant obtain Certificate of Insurance and is applicant named as an Additional Insured? ..... ☐ Yes ☐ No

18. Is applicant or any of the applicant's employees or contracted workers armed with any type of weapon? ..... ☐ Yes ☐ No

If yes, are all permits and licensing requirements complied with? ..... ☐ Yes ☐ No

19. Does applicant provide services to patients in physician's offices, jails, prisons or detention centers? ..... ☐ Yes ☐ No

20. Does applicant have Workers' Compensation coverage in force? ..... ☐ Yes ☐ No

If yes, total number of employees: .....

21. Does applicant have other business ventures for which coverage is not required? ..... ☐ Yes ☐ No

If yes, describe operation and advise where insured: \_\_\_\_\_

22. Does applicant own or operate a non-marijuana pharmacy? ..... ☐ Yes ☐ No

23. Is applicant or person holding majority ownership in operations a physician? ..... ☐ Yes ☐ No

24. During the past five years, have any claims been made or suits brought against the applicant because of alleged malpractice, error, mistake or premises accident arising in any manner out of applicant's operation? ..... ☐ Yes ☐ No

If yes, date: .....

Please explain: \_\_\_\_\_

25. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

26. Additional Insured Information:

Name	Address	Interest

**27. Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

**28. Loss History:**

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. .... <input type="checkbox"/> Check if no losses last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**B. DISPENSARIES:**

1. Indicate days/hours that dispensary is open: \_\_\_\_\_
2. Is the nature of the applicant's business advertised on the outside of the building? ..... ☐ Yes ☐ No
3. Does applicant occupy the entire building?..... ☐ Yes ☐ No  
If no, describe security measures to avoid unauthorized entry from other areas of building: \_\_\_\_\_
4. Is applicant a "Covered Entity" under HIPAA? ..... ☐ Yes ☐ No  
If yes, provide the following:  
a. Do the applicant's procedures comply with the HIPAA Privacy Rule?..... ☐ Yes ☐ No  
b. Provide name and title of the Applicant's Privacy Officer: \_\_\_\_\_
5. How does applicant display marijuana products? \_\_\_\_\_  
\_\_\_\_\_  
If in showcases, are showcases locked except when pulling stock? ..... ☐ Yes ☐ No
6. What percentage of total stock is on display during business hours?..... %
7. Indicate maximum amount of usable finished stock marijuana on premises at any one time: \_\_\_\_\_
8. Does applicant dispense drugs or pharmaceutical medicine other than medical marijuana?.. ☐ Yes ☐ No
9. Indicate below how the dispensary obtains marijuana stock by percentage of total stock:  
☐ Self grown \_\_\_\_\_ % ☐ Vendors/Wholesalers \_\_\_\_\_ % ☐ Caregivers \_\_\_\_\_ %  
☐ Other—Describe: \_\_\_\_\_

10. Does applicant use a marijuana classification system to assist patients in identifying different plant traits, such as, strength, type, flavor and density? ..... ☐ Yes ☐ No
11. What is the highest level of THC dispensed? \_\_\_\_\_
12. Does applicant dispensary:
- a. Maintain a ledger with the quantity of marijuana dispensed per transaction? ..... ☐ Yes ☐ No
  - b. Record the type and source of the marijuana dispensed? ..... ☐ Yes ☐ No
  - c. Record the amount paid by the patient for goods and services received?..... ☐ Yes ☐ No
  - d. Record the date and time dispensed?..... ☐ Yes ☐ No
13. Does applicant request police records and conduct background checks on:
- a. Employees ..... ☐ Yes ☐ No
  - b. Volunteers (Who have access to marijuana stock)..... ☐ Yes ☐ No
14. Does applicant have a formal written security procedure plan or manual? ..... ☐ Yes ☐ No
- a. If yes, does it include what to do in the event of robbery or break-in?..... ☐ Yes ☐ No
  - b. Are all employees provided training on security procedures that apply during daily opening and closing operations? ..... ☐ Yes ☐ No
15. Is on-site usage or consumption of marijuana permitted?..... ☐ Yes ☐ No
- If yes, provide the following:
- a. Percentage of total sales for smoked or vaporized marijuana consumed on premises..... %
  - b. Percentage of total sales for edible or beverage infused marijuana products consumed on premises ..... %
  - c. Does the applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? ..... ☐ Yes ☐ No
16. Does applicant provide a delivery service? ..... ☐ Yes ☐ No

**C. GROWING FACILITIES:**

- 1. Has the facility been inspected by a licensed electrician who has provided written confirmation that the wiring and power supply are acceptable and safe for the applicant's grow operations? ..... ☐ Yes ☐ No
- 2. Is the growing facility in the same building as the dispensary? ..... ☐ Yes ☐ No
- 3. Square footage of the grow area only: .....
- 4. Total number of plants at the growing facility: .....
- 5. Where is growing done?
  - ☐ Indoor    ☐ Outdoor    ☐ Enclosed Greenhouses
  - ☐ Other, explain: \_\_\_\_\_
- 6. If grown within buildings:
  - a. Growing operations performed (Check all that apply):
    - ☐ Ground Floor Level—No Basement    ☐ Basement    ☐ First Floor    ☐ Above First Floor
  - b. Does applicant use flow meters or water timers to prevent flooding?..... ☐ Yes ☐ No
- 7. Indicate method of growing (Check all that apply):
  - ☐ In soil    ☐ In soil/containers    ☐ Aeroponics    ☐ Hydroponics
  - ☐ Other—Describe: \_\_\_\_\_

8. Indicate maximum number of plants, seeds, and pounds of harvested and finished stock per location:

No.	Location No. 1	Location No. 2	Location No. 3
Seeds (No.):			
Immature Plants (No.):			
Flowering Plants (No.):			
Harvested Plant Material (lbs):			
Finished Stock (lbs):			

9. Estimated number of times per year that a mature plant will be harvested: \_\_\_\_\_

10. Average dried finished stock yield of harvested marijuana per plant: \_\_\_\_\_ Ounces

11. Average wholesale price per ounce of marijuana: \_\_\_\_\_ \$ Retail Price: \_\_\_\_\_ \$

12. Is laboratory testing performed on finished marijuana stock? \_\_\_\_\_ ☐ Yes ☐ No

If yes, percentage of finished stock that is tested: \_\_\_\_\_ %

**D. CAREGIVERS:**

1. Number of patients for which applicant is designated primary or alternate caregiver: \_\_\_\_\_

2. Maximum number of patients, within the state of applicant's operations, that is permitted: .. \_\_\_\_\_

3. How does applicant obtain marijuana?

☐ Other Caregivers ☐ Vendors/Wholesalers ☐ Grow themselves

☐ Other—Describe: \_\_\_\_\_

4. Is applicant a licensed physician or have a professional medical degree?..... ☐ Yes ☐ No

5. Are services provided to patients in clinics, hospitals, hospice, or convalescent/nursing/ ACLF homes? ..... ☐ Yes ☐ No

a. Is applicant hired directly by the patient or patient's guardian? ..... ☐ Yes ☐ No

b. Is applicant hired directly by the facility? ..... ☐ Yes ☐ No

6. What does applicant do with excess marijuana stock?

Describe: \_\_\_\_\_

7. Does applicant provide services/treatment on his/her own premises? ..... ☐ Yes ☐ No

8. Does applicant use their own vehicle to transport patients? ..... ☐ Yes ☐ No

9. Has applicant ever been convicted of a felony or any crime involving illegal drugs? ..... ☐ Yes ☐ No

10. Explain arrangement for medical emergencies (i.e., M.D. on call, transfer arrangement with hospital, etc.):

\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties (Not applicable to Nebraska, Oregon or Vermont).

**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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

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

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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 NEW YORK APPLICANTS (Other than automobile):** 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 five thousand dollars and the stated value of the claim for each such violation.

NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.