



INSURANCE FOR MEDICAL MARIJUANA FACILITIES

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the MM policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 3, 6 and 7 provide cover on a claims made and reported basis. Under these Insuring Clauses a claim must be first made against the Insured and notified to us during the period of the policy to be covered. These Insuring Clauses do not cover any claim arising out of any actual or alleged bodily injury or damage occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a senior executive officer of the applicant company and should make all the necessary enquiries of their fellow directors, officers and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance agent.

SECTION I: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	

Contact name:	

Address:	

Postal code:	Telephone:
_____	_____
Website:	Email address:
_____	_____

- 1.2 Please state when your company was established:

MM / DD / YY

- 1.3 Please state your income received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total revenue:	_____	_____	_____
Profit / (Loss):	_____	_____	_____

SECTION 2: ACTIVITIES

- 2.1 Please select all that apply to the nature of your business activities.
If you have a brochure, or company literature, please attach to this form.

<input type="checkbox"/> Cultivator / grower:
<input type="checkbox"/> Edible or infused product manufacturer:
<input type="checkbox"/> Dispensary:
<input type="checkbox"/> Lessor risk:
<input type="checkbox"/> Other: (please provide details) <input type="text"/>

- 2.2 Do you hold an appropriate and valid license in each Province or Territories in which you conduct your business activities? Yes No
- 2.3 Please state whether all medical marijuana sales are for medical purposes only: Yes No
- 2.4 Please state whether all vapor cartridge sales are for medical marijuana only?: Yes No

SECTION 3: PREMISES DETAILS

- 3.1 Please provide below details of your premises:

PREMISES I				
Address: _____				
Postal code: _____				
Please state:				
a) the purpose of the premises (e.g. office, warehouse, etc.):	<input type="text"/>			
b) when approximately the premises was				
i) built:	<input type="text" value="MM / DD / YY"/>			
ii) last renovated:	<input type="text" value="MM / DD / YY"/>			
c) how the premises is constructed:				
Brick veneer: <input type="checkbox"/>	EIFS: <input type="checkbox"/>	Fire resistive: <input type="checkbox"/>	Frame: <input type="checkbox"/>	Heavy timber: <input type="checkbox"/>
Joisted masonry: <input type="checkbox"/>	Masonry non-combustible: <input type="checkbox"/>	Non-combustible: <input type="checkbox"/>	Semi-fire resistive: <input type="checkbox"/>	Stucco: <input type="checkbox"/>
d) when approximately the roof of the premises was last renovated:	<input type="text" value="MM / DD / YY"/>			
e) how the roof of the premises is constructed:				
Concrete/Clay tiles: <input type="checkbox"/>	Membrane: <input type="checkbox"/>	Metal sheathing: <input type="checkbox"/>	Shingles: <input type="checkbox"/>	Wind resistive shingles: <input type="checkbox"/>
Wood shakes: <input type="checkbox"/>	Other (please explain):	<input type="text"/>		
f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10):	<input type="text"/>			

PREMISES 2

Address: _____

Postal code: _____

Please state:

a) the purpose of the premises (e.g. office, warehouse, etc.): _____

b) when approximately the premises was

i) built: _____ MM / DD / YY

ii) last maintained: _____ MM / DD / YY

c) how the premises is constructed:

Brick veneer: EIFS: Fire resistive: Frame: Heavy timber:

Joisted masonry: Masonry non-combustible: Non-combustible: Semi-fire resistive: Stucco:

d) when approximately the roof of the premises was last maintained: _____ MM / DD / YY

e) how the roof of the premises is constructed:

Concrete/Clay tiles: Membrane: Metal sheathing: Shingles: Wind resistive shingles:

Wood shakes: Other (please explain): _____

f) the class rating issued by the Public Protection Classification (PPC™) program for the premises (1-10): _____

Please continue on a separate sheet if more than 2 premises are to be insured.

3.2 Please state whether the premises:

a) is detached: Yes No

If no, please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

b) is self contained with a lockable entrance door: Yes No

If yes, please state the type of locking system:

Key operated multi-point locking system with at least 3 locking bolts: Rim automatic deadlock: Mortice deadlock:

c) contain other external doors: Yes No

If yes, please state the type of locking system:

A key operated security bolt: A panic bar locking system:

d) has lockable opening windows on all levels: Yes No

If yes, please state the type of locking system:

Secured by a key operated locking device: N/A (i.e. permanently sealed shut):

e) is protected by fire and central station intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

f) is protected by interior and exterior cameras: Yes No

g) is overseen by 24 hour security guards: Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

- h) is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes: Yes No
- i) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No
- j) is self contained with a lockable entrance door: Yes No
- k) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating system: Yes No
- l) is fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied: Yes No
- m) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No
- n) is fitted with sprinklers throughout: Yes No
- o) has a back up system for the electrical supply: Yes No

NOTE: Assuming you have answered 'yes' to questions l) and m) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

3.3 Do any of the listed premises contain composite or sandwich panels? Yes No

If yes, please provide details:

3.4 Do any of the listed premises contain aluminium wiring? Yes No

If yes, please provide details:

3.5 Do you maintain written and electronic records of all stock? Yes No

If no, please explain why:

3.6 Would you like a quotation for either of the following extensions? Earthquake: Yes No

Flood: Yes No

SECTION 4: INSURANCE REQUIREMENTS AND CLAIMS HISTORY

4.1 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	PREMISES 1	PREMISES 2
Building coverage:	_____	_____
Loss of income:	_____	_____
Indemnity period:	_____ months	_____ months
Loss of rent:	_____	_____
Indemnity period:	_____ months	_____ months
Inventory / stock:	_____	_____
Cultivation equipment:	_____	_____
Business personal property:	_____	_____
Tenants improvements:	_____	_____

4.2 Please provide details of your current general liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	_____	_____	_____	_____
Required:	MM / YY	_____	_____	N/A	N/A

4.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) have you ever had a legal action brought against you for causing property damage or bodily injury to a third party? Yes No
- b) are you aware of any circumstances which may give rise to a legal action being brought against you for causing property damage or bodily injury to a third party? Yes No
- c) have you ever incurred any loss as a result of damage occurring to any of the premises to be insured or have any of the premises to be insured incurred any damage? Yes No

If the answer to any of the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 5: DECLARATION

- I declare that AFTER INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me, shall form the basis this contract of insurance.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: MM / DD / YY

ADDITIONAL INFORMATION: