



[Commercial Property Casualty]
**CANNASURE LICENSED CANNABIS
PRODUCT RECALL APPLICATION**

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Operating Name/DBA: _____

Mailing Address: _____ Postal Code: _____

Number of years in business: _____ Date Established: _____

Current Insurer or Broker: _____

PART 2 COMPANY INFORMATION

Please provide a complete description of the business and operations of the Proposer and subsidiary companies:

Company Annual Sales:

	Upcoming Year	Current Year	Last Year
Gross Annual Revenue			

Total number of plants/facilities: _____

Largest plant/facility turnover: _____

Number of production lines or growing areas at largest plant/facility? _____

Please provide sales split: Medical: _____ % Recreational: _____ %

Health Canada Licenses:

Current Licenses: Cultivation Sales Analytical Testing Processing Research Import/Export

Have you had any licenses declined, suspended or revoked? Yes No If "Yes", please provide details below:

Please provide the following information for the top three selling products:

Product Type Being Insured	Buds	Mother Plants	Oils	Other (Seeds, etc.)
Annual Sales of Products (in CAD):	\$	\$	\$	\$
Maximum amount of product stored at drying location:				
Largest lot size of product grown in a location?				
Smallest value of traceable product sold (in CAD):	\$	\$	\$	\$

Please provide the following information for your biggest customer:

Customer Name	Annual Sales/Contract Size (in CAD)	Type of Customer (i.e. Retail, Distributor, etc.)
	\$	

PART 3 PRODUCT PREPARATION / RECALL PLAN

Do you require the plants to be flushed before harvesting? Yes No

Do you have a documented flushing procedure for all plants?
If Yes, please provide a copy of flushing procedures as part of this submission Yes No

Has the Applicant agreed to limit liability or hold harmless any third-party suppliers of goods or services (i.e. packaging suppliers)? Yes No

If "Yes" to above, please provide details:

Are your products grown in an indoors controlled environment? Yes No

Do you have a recall plan? **Please attach copy of most recent plan** Yes No

Products recalled due to an accidental contamination and/or malicious tampering in the last ten years:

Reason for recall:

Date of recall:

Cost of recall: \$

Please attach a copy of your latest quality testing/audit report

PART 4 LIMITS REQUESTED

Limit of Insurance Required: \$

Additional Comments/Requests:

PART 5 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date:

Please enclose with this form:

- Recall Manuals
- Crisis Management Plan
- Plant Flushing Procedures
- Latest Quality Testing / Audit Report