



[Commercial Property Casualty]

**CANSURE LICENSED CANNABIS
PRODUCERS / MANUFACTURERS APPLICATION**

CANNASURE LICENSED CANNABIS PRODUCERS / MANUFACTURERS APPLICATION

PART 1

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Operating Name/DBA: _____

Mailing Address: _____ Postal Code: _____

Main Contact: _____ Tel: _____

Website Address: _____ Email Address: _____

Number of years in business: _____ Date Established: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Inspection Contact Name & Info: _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, please explain below:

Type of Enterprise: Corporation Individual Partnership LLC For Profit Other: (Describe below)

Under what Regime are your approved and licensed:

Is this Applicant a member of any cannabis / cannabis trade association(s)? Yes No

If "Yes" to above, what organizations? CCSE NORML-NMN NCIA CCIA Other:

Description of Product Use: Recreational Medicinal Both

Description of Retail Operations and Products offered:

List of subsidiaries, affiliated, sister companies and their Products offered:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name? Yes No If "Yes", please list entity and operations:



Please provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic Sales	Foreign Sales / Destination	Payroll	# of Employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				

PART 2 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

PART 3 INSURANCE INFORMATION

Please indicate below, by placing an "X" in the box, which coverages are being requested and complete relevant portions of this application as applicable.

Coverage	Requested?	Application Sections to Complete
Commercial Property	<input type="checkbox"/> Yes	Section IV – Property Coverage Section V – Premises Information
General Liability	<input type="checkbox"/> Yes	Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: (only complete the parts that apply to your operations) Part A. – Dispensary Operations Part Part B. – Grow Operations Part C. – Manufacturing & Processing Operations
Products Liability	<input type="checkbox"/> Yes	Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: (only complete the parts that apply to your operations) Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations

PART 4 PROPERTY COVERAGE (Please complete this section for each location/building)

- Location of Building #: _____ How many buildings / structures are at this location? _____
- Physical Address: _____
- Is this location fully open, licensed and operational? Yes No If "No", when do you expect it to be fully open and operational? _____
- What are the operations at this building only (Manufacturer, Processor, Indoor Grow, Outdoor Grow (No Structure), Retail, Dispensary, Lab, Delivery, or Other). Please describe: _____



5. Is there any oil extraction done at this location? Yes No If "Yes", what method is used? (CO2, Butane, Propane, etc.)?

General Building Questions:

6. Year Building Built: _____ Square Footage: _____ If building is over 20 years old, please advise when the following were updated:

Roof: _____ Plumbing: _____ Electrical: _____ HVAC: _____

7. Construction Type: (Frame, Masonry, Glass, etc.) _____ No. of Stories: _____ ISO Protection Class: _____

8. Are there Fire Sprinklers? Yes No Percentage of Building that is Sprinkled? _____ %

9. Does the Applicant own the building? Yes No

10. Is the Building currently undergoing any repairs, construction, renovations, etc.? Yes No If "Yes", please provide details below:

At what stage are the renovations currently?

When do you expect renovations to be completed?

What is the total estimated value of renovation? \$

Do you currently have a Builders Risk policy? Yes No **If "Yes" please provide a coverage certificate**

Property Questions:

11. Does the Applicant have an approved safe? Yes No
(Minimum safe requirements: 800lb with 1-hour fire rating, under 2000lb must be bolted to ground)

12. Is there a vacuum oven, centrifuge, distillation column and/or Roto Vaps in the building? Yes No

If "Yes" to above, please provide Manufacturer, model number, replacement cost, and motor's HP for each:

13. Is there an electrical backup system? Yes No How are the plants watered?

14. Property Coverage for the location listed above:

Building Coverage \$ Triple Net Lease Applicant Owns Building

Loss of Income: \$ Number of months to be covered: _____

Business Personal Property: \$

Indoor Grow Equipment: \$

Outdoor Grow Equipment: \$

Tenants Improvements: \$

Completed Stock: \$ **Completed Stock:** is defined as Manufactured Products ready for sale or packaged and sealed inventory containing cannabis buds and/or its derivatives. No harvested or growing plants fall under this category.

Goods in Process: \$ **Goods in Process:** is defined as Cannabis Buds and Flowers that have been harvested and are in the curing phase of production. No stock, biological assets or growing plants fall under this category.



15. **Biological Assets Valuation:**

BIOLOGICAL ASSETS VALUATION
Fair Value Basis Endorsement

Date:

Inventory:			
Grams of Dried Bud:	Grams of Trim:		Total Grams:
Total Grams	Multiplied by: \$	(up to \$6.50 per gram)	\$
Total Millilitres of Extracts (Oils):	Multiplied by: \$	(up to \$2.50 per ml)	\$
INVENTORY VALUE:			\$
Biological Assets:			
Plants in Flower:	Multiplied by:	(# of Grams per Plant)	Total Grams:
Total Grams in Flower:	Multiplied by: \$	(up to \$6.50 per gram)	\$
PLANTS IN FLOWER VALUE:			\$
Plants in a Vegetative State:	Multiplied by:	(# of Grams per Plant)	Total Grams:
Total Grams in Vegetative State:	Multiplied by: \$	(up to \$6.50 per gram)	\$
PLANTS IN VEGETATIVE STATE VALUE			\$
Clones in Clone Room:	Multiplied by:	(# of Grams per Plant)	Total Grams:
Total Grams in Clone Room:	Multiplied by: \$	(up to \$5.00 per gram)	\$
CLONES IN CLONE ROOM VALUE			\$
Mother Plants in Mother Room:	Multiplied by:	(# Grams per Plant)	Total Grams:
Total Grams in Mother Room:	Multiplied by: \$	(up to \$5.00 per gram)	\$
MOTHER PLANTS IN MOTHER ROOM VALUE			\$
Mother Plants in Vegetative State:	Multiplied by:	(# of Grams per Plant)	Total Grams:
Total Grams in Mother Room Vegetative:	Multiplied by \$	(up to \$5.00 per gram)	\$
MOTHER PLANTS IN MOTHER ROOM VEGETATIVE VALUE			\$
TOTAL BIOLOGICAL ASSETS:			\$

Note: No coverage for biological assets while growing outdoors

PART 5 PREMISES INFORMATION (Please complete this section for each location/building)

16. Location of Building #: _____

17. Description of business operation(s) at this building:
 Cultivation / Growing Manufacturer of Cannabis Medical Cannabis Dispensary Processor of Cannabis
 Recreational Cannabis (Retail Shop) Cannabis Testing Lab

18. Describe type of crime area in which Applicant's premises are located: Low Moderate High

19. Square footage of building occupied by the Insured: _____

20. Describe the area in which the Applicant's business is located: Commercial Industrial Agricultural Residential

21. Is the nature of the business advertised on the outside of the building? Yes No

22. Does Applicant occupy the entire building? Yes No

a. If "No", are there connecting doors to adjacent units? Yes No

b. If "Yes", how are the connecting doors secured (i.e. deadbolts, alarms, etc.)? _____

23. Does anyone live on the premises? Yes No

If "Yes" to above, please describe occupancy: _____

If "Yes", is separate Homeowner's Insurance coverage in place? Yes No

24. Does the premises have a pool, pond or other water exposure? Yes No

If "Yes" to above, please explain: _____

25. Which of the following security systems are utilized? (please check all that apply):
 Central Station Burglar Alarm Interior Video Cameras Security Guards - Armed Door Greeter/ID Checker Fencing
 Gated Windows Safe or Vault Fencing Exterior Video Cameras Interior Motion Detectors Security Guards -
 Gated Doors Holdup Button / Panic Button Dog(s): Breed and Number: _____

26. Are all security measures fully operational during non-business hours? Yes No

If "No" to above, which ones are not? _____

27. If guards and/or greeters are used, are they employees? Yes No

a. If "No", do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name Applicant as an additional insured? Yes No

b. Does the Applicant get certificates of insurance (COI's) evidencing limits and AI status for the Applicant? Yes No

c. What limits to independent contractors carry? _____

28. Are there any firearms on the property (including any firearms carried by security guards)? Yes No

If "Yes" to above, please explain: _____

29. Does Applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime? Yes No

30. Are employees instructed to cooperate to obey the robber's instructions and not to resist? Yes No

PART 6 OPERATIONS

1. Please provide the following financial information:

	Previous 12 months	Projected Next 12 months
Annual gross receipts/revenue/sales from medical cannabis (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused medical cannabis edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical medical cannabis products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from medical cannabis oil cartridges or medical cannabis concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from medical cannabis concentrates not intended for use in vaporizing devices		
Total Medical Cannabis & Medical Cannabis Containing Products:		
Annual gross receipts from recreational cannabis (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused recreational cannabis edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical recreational cannabis products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from recreational cannabis oil cartridges or recreational cannabis concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from recreational cannabis concentrates not intended for use in vaporizing devices		
Total Recreational Cannabis & Recreational Cannabis Containing Products:		
Annual gross receipts from vaporizing devices including room vaporizers and vapor pens		
Annual gross receipts from smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)		
Annual gross receipts from sales of other goods (e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp-based lotions or oils, etc.)		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services (e.g. massage, acupuncture, etc.)		
Total Revenues (All Products and Services):		
Total number of patient contacts		
Total payroll		

2. What experience does the Insured have in operating a cannabis business and/or managing a commercial business? Please describe:

3. Is the Applicant in compliance with all local and state laws regarding the growth, manufacturing, dispensing, and/or control of cannabis or cannabis containing products? Yes No

PART 7 LIABILITY COVERAGE (Please complete all relevant sections as applicable)

A. Dispensary Information:

1. Are there any employed professionals (e.g. physicians or pharmacists)? Yes No

If "Yes" to above, do the employed professionals carry their own separate professional liability insurance? Yes No

2. How does the dispensary ensure compliance with Provincial Laws? (please check all that apply)

Checking photo ID and registration of patient Checking photo ID to verify consumer is over the minimum age is required by law



Confirming physician's recommendation Maintaining maximum amount of medical cannabis on premises Other (describe below):

3. How much inventory is displayed to customers? 0 – 5% 6 – 10% 11 – 25% Greater than 25%

4. Is any on-site consumption of cannabis or cannabis containing products permitted? Yes No

5. Does Applicant offer delivery of cannabis products? Yes No

6. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the Applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:

7. If the Applicant distributes cannabis oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time? Yes No

If "No" to above, please explain how the Applicant controls access to high dose/concentration products:

8. If Applicant distributes cannabis oils or concentrates manufactured by others, does Applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process? Yes No

If "No" to above, what type of extraction system and solvents are used by the insured's manufacturers / suppliers?

9. Does Applicant maintain a ledger with a record of the quantity of cannabis or cannabis containing product dispensed in each transaction, the type and source of the cannabis dispensed, the total amount paid by the customer for all goods and services provided, the date and time dispensed? Yes No

10. Does Applicant maintain separate records for medical and recreational cannabis products? Yes No

11. Does Applicant grow medical or recreational cannabis or are other cannabis plants on the premises? Yes No

If "Yes" to above, please complete Part 7 B – Growing Facility Information

12. Are any cannabis containing products manufactured, mixed, labeled, or relabeled by the Applicant including: cannabis infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? Yes No

If "Yes" to above, please complete Part 7 C – Manufacturing & Processing Operations

13. Do any products, ingredients, or components originate from outside of Canada? Yes No

If "Yes" to above, specific what products are imported and the countr(ies) of origin:

Are imported products and components tested for contamination and verification they matched what was ordered? Yes No

14. For products that Applicant does not produce or manufacture, does Applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all manufacturers or suppliers? Yes No

15. For products that Applicant does not produce, does Applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier? Yes No

16. Does Applicant use a 3rd party testing lab to test their cannabis and cannabis-containing products? Yes No

If "Yes" to above, do all testing reports received from the laboratory indicate the following? Please check all that apply:

Products are **NOT** contaminated with or by: Pesticides Bacteria Mold/Fungus Mycotoxins Heavy Metals

Residual Solvents Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)

Cannabinoid dosage per serving (milligrams per serving for each cannabinoid) Terpene profiles

If "No", how does Applicant ensure purity of product?

B. Growing Facility Information:

1. Does Applicant grow any cannabis that is intended to be distributed for recreational purposes? Yes No

If "Yes" to above, what percentage of revenue is derived from these operations? %

2. Does Applicant maintain separate records for medical and recreational products? Yes No

3. Are cannabis cultivation areas located: Indoors Outdoors Greenhouse If Outdoors, what is approximate size in acres?

4. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? Yes No

If "Yes", please describe fence (i.e. height, material used, electrified, etc.):

If electrified fencing, barbed wire or razor wire is used, are there warning signs on the property? Yes No

Is fence locked at all times? Yes No Are there locked gates at all entrances to property a/o growing area? Yes No

5.. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? Yes No

If "No" to above, please describe how the greenhouse will be secured to prevent unauthorized entry:

6. What is the maximum number of plants on the premises at any one time?

7. Are any cannabis products manufactured, mixed, labeled, or relabeled by the Applicant, including: Cannabis infused baked goods or candies, infused oils or lotions, other food products or smoking accessories? Yes No

If "Yes" to above, please complete Part 7 C – Manufacturing and Processing Operations

8. Does Applicant use a 3rd party testing lab to test their cannabis and cannabiscontaining products? Yes No

If "Yes" to above, do all testing reports received from the laboratory indicate the following? Please check all that apply:

Products are **NOT** contaminated with or by: Pesticides Bacteria Mold/Fungus Mycotoxins Heavy Metals

Residual Solvents Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)

Cannabinoid dosage per serving (milligrams per serving for each cannabinoid) Terpene profiles

If "No" to above, how does Applicant ensure purity of product?

9. Is cannabis or any cannabis containing product ever released into the stream of commerce (i.e. to 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 back from the 3rd partytesting laboratory? Yes No

C. Manufacturing & Processing Operations:

1. Please supply a complete list of products manufactured or processed by the Applicant:

2. Are manufacturing and processing facilities located: Indoors Outdoors If outdoors, approximate size of processing area in acres:

3. Will the production of any of the above listed products require open flame, frying, or other cooking methods? Yes No

If "Yes", does your establishment have an automatic fire suppression system that extends over all cooking surfaces? Yes No

Are hoods and flues inspected / cleaned by an outside service and tagged for verification of this? Yes No

4. Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? Yes No

If "Yes" to above, please answer the following:

What extraction or manufacturing method will the Applicant utilize?

If Applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use? Yes No

Will the oils or concentrates be distributed in bulk to other infused product manufacturers? Yes No

Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices? Yes No

If "Yes" to above, which products:

What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the Applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:

5. Does the Applicant actually produce the individual filled cartridges for vapor pens? Yes No

Are the cartridges one size fits all or are they only compatible with a particular brand? Yes No If Yes, which brand?

Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers

6. Are all cannabis and cannabis containing products manufactured and distributed by the Applicant sold in child proof packaging or containers? Yes No

7. Has Applicant consulted with an attorney to determine that their labeling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements? Yes No

If "No" to above, please answer the following:

Does labeling contain warning to keep product away from children and pets? Yes No

Does labeling contain warning that the product contains intoxicating materials (i.e. cannabis) and that users should not drive or operate heavy machinery after consumption? Yes No

Does labeling meet all government standards (if any) for being packaged in a way that does not appeal to children? Yes No

What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements: Yes No

8. Do any products, ingredients, or components originate from outside of the Canada? Yes No

If "Yes" to above, specify what products are imported and the country(ies) of origin: Yes No

Are imported products and components tested for contamination and verification that they match what was ordered? Yes No

9. For products that Applicant does not produce or manufacture, does Applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and AI status from manufacturers or suppliers? Yes No

10. Does Applicant use a 3rd party testing lab to test their cannabis and cannabis containing products? Yes No

If "Yes" to above, do all testing reports received from the laboratory indicate the following? Please check all that apply:

Products are **NOT** contaminated with or by: Pesticides Bacteria Mold/Fungus Mycotoxins Heavy Metals

Residual Solvents Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)

Cannabinoid dosage per serving (milligrams per serving for each cannabinoid) Terpene profiles

11. Is cannabis or any cannabis containing product ever released into the stream of commerce (i.e. to 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 back from the 3rd party testing laboratory? Yes No

12. Does Applicant have a written product recall plan? Yes No

PART 8 ADDITIONAL INSURED

Mark "X" if there are NO Additional Insureds needed at this time

Additional Insured #1: Landlord Loss Payee Governmental Agency Other:

Waiver of Subrogation Primary Wording with Non-Contributory Wording?

Location/ Building #:

Name:

Mailing Address:

City: Province: Postal Code:

Additional Insured #2: Landlord Loss Payee Governmental Agency Other:

Waiver of Subrogation Primary Wording with Non-Contributory Wording?

Location/ Building #:

Name:

Mailing Address:

City: Province: Postal Code:

Additional Insured #3: Landlord Loss Payee Governmental Agency Other:

Waiver of Subrogation Primary Wording with Non-Contributory Wording?

Location/ Building #:

Name:

Mailing Address:

City: Province: Postal Code:

ADDITIONAL INFORMATION

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 provide the latest copy of Health Canada ACMPR Certification and Licensing