



[Commercial Property Casualty]

**CANNASURE LICENSED CANNABIS
RETAIL /DISTRIBUTION APPLICATION**



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CANNASURE LICENSED CANNABIS RETAIL OPERATIONS APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Operating Name/DBA: _____

Mailing Address: _____ Postal Code: _____

Main Contact: _____ Tel: _____

Number of years in business: _____ Date Established: _____

Current Insurer or Broker: _____

Description of Retail / Operations (including products offered):

Experience of Principals in cannabis, retail or related business:

Claims (Five Year Loss History):

Is the Applicant in compliance with all local and municipal and provincial laws regarding the possession, transport and sale of cannabis or cannabis containing products? Yes No

Do you maintain and enforce a policy prohibiting the sale of cannabis to persons impaired by cannabis, prescription or illegal drugs, alcohol, hypnotics, or other intoxicants, or showing signs of such impairment? Yes No

Do all of your employees receive, prior to commencement of employment by you, all mandatory education, training and certifications required by applicable Provincial Laws? Yes No

Please attach a copy of your Provincial Applications for Retail Cannabis License or a copy of your valid Provincial Retail Cannabis License

Total Recreational Cannabis & Recreational Cannabis Containing Products:	Previous 12 months	Projected Next 12 months
Annual gross receipts from dried cannabis products (e.g. flower, bud, shake, pre-rolls, etc.)		
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 cannabis oil cartridges or medical cannabis concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from cannabis concentrates not intended for use in vaporizing devices		
Total Revenues (Cannabis 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.)		
Other:		
Total Revenues (Services and Non-Cannabis Products):		
Total Revenues (ALL PRODUCTS & SERVICES):		

PART 2 LOCATION INFORMATION

Location Number: _____ Unit in Multi-Unit Building Standalone Building

Physical address: _____ Postal Code: _____

Construction Type: _____ Square Footage: _____ Year Built: _____

Description of updates/improvements (if building is more than 20 years old):

Is the building currently undergoing any construction, repairs or renovation (include projected completion date):

Description of anti-theft measures (safe, cameras, alarms, bars, etc.):

Description of neighbourhood (business types, crime level, etc.):

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

Are there any security guards or firearms on the premises? Yes No

REQUIRED LIMITS:

Property Coverage	Limit
Building:	
Equipment & Tenants Improvements:	
Cannabis Stock for Sale (including oils, edibles, concentrates, etc.):	
Non-Cannabis Stock for Sale:	
Loss of Income (Business Interruption):	
Business Interruption Max. Period of Indemnity:	
Total Insured Value:	
Equipment Breakdown:	
Employee Dishonesty:	
Money & Securities:	
Commercial General Liability (occurrence):	
Commercial General Liability (products & completed ops aggregate):	
Tenant's Legal Liability:	
Non-Owned Automobiles:	
Other:	
Other:	

Deductibles	
Property (OAP):	
Water Damage:	
Sewer Backup:	
Flood:	
Earthquake:	
BI Waiting Period:	
Crime:	
CGL – PD/SEF 94:	
Other:	
Other:	



Best Contact Name: _____

Position: _____

Phone Number (Office): _____ Phone Number (Cell): _____

Email Address: _____ Website: _____

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: _____