

# Application for Cannabis Insurance

Please send submissions to [CommercialLines@ConiferInsurance.com](mailto:CommercialLines@ConiferInsurance.com)

Policy Info	
Date Submitted:	
Target Date for Quote:	
Effective Date:	
Expiration Date:	

Agency Info	
Agency Name:	
Contact Name:	
Contact Email:	
Contact Phone:	

Applicant Information	
Named Insured (Corp):	
DBA (Name):	
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other:
Mailing Address:	City, State, Zip:
Billing Address (if different):	City, State, Zip:
Business Phone:	Email Address:
Website Address:	
Inspection Contact:	Inspection Phone #:
Is the applicant a member of any cannabis associations? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If yes, please list association(s):	
Why are you recommending this risk to us?	

Location Information – Please complete this section for each location and building		
Location #	Building #	
Location Named Insured:		
DBA (if applicable):		
Location Address:	City, State, Zip:	
Is this location open for business? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
If no, what is the anticipated opening date?		
Operation(s): Please check all that apply to this location		
<input type="checkbox"/> Bakery	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Consulting/Office
<input type="checkbox"/> Designated Consumption Lounge	<input type="checkbox"/> Dispensary/Provisioning Center	<input type="checkbox"/> Education/Research
<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Indoor Grow/Cultivator	<input type="checkbox"/> Internet Home Base
<input type="checkbox"/> Lessor Risk Only (LRO)	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Marijuana Event Organizer
<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Outdoor Grow/Cultivator	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Parking Lot Lessor Risk Only (LRO)	<input type="checkbox"/> Processor	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Retail	<input type="checkbox"/> Safety Compliance	<input type="checkbox"/> Secure Transporter
<input type="checkbox"/> Storage/Warehouse	<input type="checkbox"/> Testing Lab	<input type="checkbox"/> Vacant Building
<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other:

General Liability Information – Complete for each applicable location and building

Location #	Building #	
If there are multiple locations, are the limits the same for each location?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are multiple locations, are the limits shared?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant or any of the applicants' employees or contracted workers, armed with a weapon?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all permits, and licensing requirements complied with?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant utilize employed and/or contracted security guards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many guards?		
If yes, does the applicant obtain certificates of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the applicant named as an additional insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant use a marijuana classification system to assist customers in identifying different plant traits, such as strength, type, flavor, and density?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Operation(s): Please provide annual sales for the last 12 months and indicate if they are an estimate or actual

Bakery	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Caregiver	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Consulting/Office	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Designated Consumption Lounge	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Dispensary/Provisioning Center	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Education/Research	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Event Coordinator	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Indoor Grow/Cultivator	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Internet/Home Based	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Manufacturer	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Marijuana Event Organizer	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Microbusiness	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Outdoor Grow/Cultivator	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Processor	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Restaurant	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Retail	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Safety Compliance	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Secure Transporter	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Testing Lab	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Wholesale	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Other:	Sales:	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual

Operation(s): Please provide the area or requested information for the following operations if applicable

Lessors Risk Only (LRO) – Building	Area:	
Lessors Risk Only (LRO) – Parking Lot	Number of Parking Spaces:	
Parking Lot	Number of Parking Spaces:	
Storage/Warehouse	Value:	<input type="checkbox"/> General <input type="checkbox"/> LRO <input type="checkbox"/> Private
Vacant Building	Area:	
Vacant Land	Area:	

Liability Coverage Selection(s)				
<b>General Liability Coverage</b>				
Occurrence/Aggregate Limit:	<input type="checkbox"/> \$100,000 / \$100,000	<input type="checkbox"/> \$300,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$500,000	
	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> Other*:	
*If selecting "Other", please provide documentation supporting the need for the requested limits				
<b>Medical Expense Coverage</b>				
Medical Expense Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	
<b>Damage to Premise Rented to You Coverage</b>				
Damage to Premise Rented to You Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000
	<input type="checkbox"/> Other*:			
*If selecting "Other", please provide documentation supporting the need for the requested limits				
<b>Hired and Non-Owned Auto with Delivery Coverage</b>				
HNOA with Delivery Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$100,000		
How many vehicles will be delivering?			Percentage of sales attributed to delivery?	
What is the delivery radius?			Approximate number of deliveries completed per month?	
Are annual MVR reports ordered for all drivers?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are MVR reviews conducted on all drivers?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are firearms or weapons allowed inside the vehicle?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hired and Non-Owned Auto without Delivery Coverage</b>				
HNOA without Delivery Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$100,000 CSL	<input type="checkbox"/> \$300,000 CSL	<input type="checkbox"/> \$500,000 CSL
	<input type="checkbox"/> \$1,000,000 CSL			
<b>Waiver of Subrogation Endorsement</b>				
Endorsement Selection:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Person(s) or Organization(s):				
Reasons:				
<b>Primary and Non-Contributory Wording Endorsement</b>				
Endorsement Selection:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons:				

Additional Coverage Options			
<b>Cyber Liability Coverage</b>			
Cyber Liability Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<b>Terrorism Coverage</b>			
Terrorism Selection:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Include Coverage	

General Liability Additional Insureds				
Location #	Building #			
Type:	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Manager or Lessor	<input type="checkbox"/> Lessor of Leased Equipment	<input type="checkbox"/> State/Political/Subdivision Permits
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Designated Person/Organization	<input type="checkbox"/> Co-Owner of Insured Premise	
Name of Person(s) or Organization:				
Mailing Address:			City, State, Zip:	

Product Liability Section – Complete for each applicable location and building						
Location #	Building #					
Does the applicant manufacture the completed product?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If, what is purchased?						
Will a vendor repackage, relabel, or modify your product?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:						
Provide a description of products manufactured, sold, or distributed by the applicant:						
Product Liability Coverage – Per License						
Occurrence/Aggregate Limit:		<input type="checkbox"/> \$100,000 / \$100,000	<input type="checkbox"/> \$300,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$500,000		
		<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000			
For applicants outside of Michigan, do you want to share these limits across all locations?						<input type="checkbox"/> Yes <input type="checkbox"/> No
For Michigan Applicants: Please complete the following						
License Type	Adult Use / Recreational License			Medical License		
	Active	Pending	Forms at Bind*	Active	Pending	Forms at Bind*
Class A Grower			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Class B Grower			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Class C Grower			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Designated Consumption			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Educational Research			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Excess Grow			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Event Organizer			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Microbusiness			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Processor			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provisioning Center						<input type="checkbox"/> Yes <input type="checkbox"/> No
Retailer			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Safety Compliance			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Secure Transporter			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Event			<input type="checkbox"/> Yes <input type="checkbox"/> No			
*Please select only if filing within 60 days						

Marijuana Liability – Complete for each applicable location and building			
For Michigan Applicants: This coverage is required for retail and designated consumption license holders			
Location #	Building #		
Marijuana Liability Coverage			
Occurrence/Aggregate Limit:		<input type="checkbox"/> \$50,000 / \$50,000	
Number of retail licenses:		Number of designated consumption licenses:	
Do you need on-site consumption coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Information – Complete for each applicable location and building											
Location #		Building #									
Year Built:				Operation Sq. Ft.:				Building Sq. Ft.:			
Cause of Loss:		<input type="checkbox"/> Basic		<input type="checkbox"/> Broad		<input type="checkbox"/> Special (Excluding Theft)			<input type="checkbox"/> Special (Including Theft)		
Protection Class:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> Unsure
Construction Type:		<input type="checkbox"/> Frame		<input type="checkbox"/> Joisted Masonry		<input type="checkbox"/> Masonry			<input type="checkbox"/> Non-Combustible		
		<input type="checkbox"/> Modified Fire Resistive		<input type="checkbox"/> Fire Resistive		<input type="checkbox"/> Greenhouse			<input type="checkbox"/> Other:		
Plumbing Type:		<input type="checkbox"/> ABS		<input type="checkbox"/> Brass		<input type="checkbox"/> Cast Iron		<input type="checkbox"/> Copper		<input type="checkbox"/> CPVC	
		<input type="checkbox"/> Mixed		<input type="checkbox"/> PEX		<input type="checkbox"/> PVC		<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> Other:	
Has there been plumbing renovations?						<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what year were they completed?			
Number of panels in use:						Manufacturer of panels:					
Has there been roof renovations?						<input type="checkbox"/> Full <input type="checkbox"/> Partial:		%		<input type="checkbox"/> None <input type="checkbox"/> Unknown	
If full or partial, what year were roof renovations completed?											
Roof Material:		<input type="checkbox"/> Bur		<input type="checkbox"/> Green Roofing		<input type="checkbox"/> Membrane		<input type="checkbox"/> Metal		<input type="checkbox"/> Shingle	
		<input type="checkbox"/> Sprayed Silicone		<input type="checkbox"/> Tar & Chip		<input type="checkbox"/> Thermoset PVC		<input type="checkbox"/> Thermoset TPO		<input type="checkbox"/> Unknown	
Automatic Sprinklers?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what percentage of the building is covered?							
Smoke Detectors?		<input type="checkbox"/> Yes <input type="checkbox"/> No									
Fire Extinguishers?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are they on a maintenance schedule?							
Central Alarm?		<input type="checkbox"/> Yes <input type="checkbox"/> No									
Please select all that apply:											
<input type="checkbox"/> Access Control		<input type="checkbox"/> Sensors / Detectors		<input type="checkbox"/> 24 x 7 Monitoring		<input type="checkbox"/> Interior Cameras		<input type="checkbox"/> Perimeter CCTV			
<input type="checkbox"/> Intruder Alarm		<input type="checkbox"/> Exterior Cameras		<input type="checkbox"/> Buzz in Access		<input type="checkbox"/> Security Personnel					
Are all windows, doors and entry points connected to an active monitored central alarm?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant occupy the entire building?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what security measures are in place?											
Does the applicant request police records and conduct background checks on all employees?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant request police records and conduct background checks on all employees who have access to marijuana stock?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant have a formal written security plan or security manual?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is there a robbery plan?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all employees provided training on security procedures that apply during daily opening and closing operations?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grow Operations – Additional Questions</b>											
Has there been electrical renovations?						<input type="checkbox"/> Full <input type="checkbox"/> Partial		<input type="checkbox"/> None		<input type="checkbox"/> Unknown	
If full or partial, what year were electrical renovations completed?											
Electrical Type:		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Circuit Breaker		<input type="checkbox"/> Circuit/Fuse		<input type="checkbox"/> Fuses		<input type="checkbox"/> Knob & Tube	
Bulb Type:		<input type="checkbox"/> CFL		<input type="checkbox"/> Fluorescent		<input type="checkbox"/> Halogen		<input type="checkbox"/> Other:			
Is there an electrical monitoring system in place?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the electrical been reviewed and/or approved by an electrical engineer?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a backup system for the electrical supply?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have used or will use a licensed insured contractor for all electrical work at my grow facility										<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have had or will have, within thirty (30) days of my insurance effective date, all the wiring inspected by a licensed insured contractor at my grow facility.										<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Processor Operations – Additional Questions</b>											
What method of extraction is used?		<input type="checkbox"/> Butane		<input type="checkbox"/> CO2		<input type="checkbox"/> Ethanol					
		<input type="checkbox"/> Propane		<input type="checkbox"/> Other:							

Property Coverage Selection(s)									
Building Coverage									
Building Limit:				Building Deductible: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000					
Building Coinsurance: <input type="checkbox"/> 0% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				Building Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC					
Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Business Personal Property (BPP) Coverage									
BPP Limit:				BPP Deductible <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000					
BPP Coinsurance: <input type="checkbox"/> 0% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				BPP Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC					
Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Improvements and Betterments (I & B) Coverage									
I & B Limit:				I & B Deductible: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000					
I & B Coinsurance: <input type="checkbox"/> 0% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				I & B Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC					
Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Business Income (BI) Coverage									
BI Coverage Limit:									
BI Coinsurance: <input type="checkbox"/> 0% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%				or		Monthly Limit of Indemnity: <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6			
BI Extra Expense: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Employee Dishonesty Coverage									
Limit Choice: <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000									
Equipment Breakdown Coverage									
Coverage Selection: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Scheduled Property									
Item Limit:				Item Deductible: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000					
Item Description:									
Item Purpose:									
Building Glass Coverage (Tenant Only)									
Glass Limit: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000									
Glass Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000									
Description:									
Property Enhancement Endorsement (Default Limits Provided Below)									
Include Endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No									
<u>Item</u>		<u>Default Limit</u>	<u>Item</u>		<u>Default Limit</u>				
Real Property of others Required by Contract		\$7,500	Electronic Data		\$7,500				
Debris Removal		\$10,000	Fire Department Service Charge		\$5,000				
Pollutant Cleanup and Removal		\$15,000	Personal Effects and Property of Others		\$15,000				
Valuable Papers / Records (excl. Electronic Data)		\$15,000	Property Off Premises Including while in Transit		\$15,000				
Outdoor Property		\$15,000	Accounts Receivable		\$15,000				
Arson Reward		\$15,000	Backup Sewers & Drains		\$10,000				
Fine Arts		\$15,000	Fire Protective Device		\$15,000				
Loss of Refrigeration		\$15,000	Computer Equipment		\$15,000				
Laptop / Portable Computers		\$5,000	Lock Replacement		\$1,000				
Money and Securities Inside the Premise		\$10,000	Money and Securities Outside the Premise		\$10,000				
Off Premise Service Interruption		\$15,000	Consequential Loss		\$15,000				
Signs		\$10,000	Increased limits may be available for additional premium						

**Important: Please review - this warranty will be part of your insurance policy if you purchase cannabis business property**

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART  
 CAUSES OF LOSS - SPECIAL FORM  
 CAUSES OF LOSS – BROAD FORM  
 CAUSES OF LOSS – BASIC FORM  
 BUILDING AND PERSONAL PROPERTY COVERAGE FORM STANDARD PROPERTY POLICY  
 CANNABIS BUSINESS PROPERTY FORM

I. Each of the above coverage parts and/or forms is amended to include the following exclusions:

#### **A. Theft**

No coverage will be afforded by this policy for theft of finished stock unless the following items are strictly adhered to:

1. Store all “**finished stock**” in a secure, locked safe or vault and in such a manner as to prevent diversion, theft, and loss;
2. During non-business hours, all “finished stock,” including perishable items such as kif, butane hash, cookies, must be kept in a locked vault or safe.
3. All safes must either **(a)** weigh a half (1/2) ton and is bolted to the floor, **(b)** is TL-15 rated or higher and is bolted to the floor, or **(c)** weighs one (1) ton or more.
4. All vaults must meet the following criteria and requirements (depending upon their type):

##### **a. Custom Built Vault:**

All custom built vaults must include all of the specific items listed below.

- i. Concrete, masonry, or cinder block walls. Drywall needs to be reinforced with rebar, or steel plates;
- ii. Concrete, masonry, or cinder block ceiling. Drywall ceilings need to be reinforced with rebar, or steel plates;
- iii. Concrete, masonry, or cinder block floors.
- iv. Steel doors; and
- v. Restricted access by either key card, combination lock, or code.

##### **b. Alternative Vault-Shipping Container:**

All shipping containers must include all of the specific items listed below:

- i. 100% enclosed and made of a minimum of 14-gauge steel;
- ii. Steel doors;
- iii. Free of rust and corrosion;
- iv. Less than 15 years old;
- v. Weighs a minimum of 800 pounds;
- vi. If weighs less than 2,000 pounds, must be bolted to a concrete floor, and
- vii. Restricted access by either key card, combination lock, or code.

##### **c. Alternative Vault-DEA Cage:**

All DEA cages must include all of the specific items listed below:

- i. Minimum of 10-gauge steel fabric walls mounted on steel posts;
- ii. Mesh openings maximum of 2.5 inches across the square;
- iii. Steel posts that are a minimum of 1 inch in diameter and set in concrete or installed with pinned or brazed lag bolts;
- iv. Steel posts maximum of 10 feet apart with horizontal 1.5-inch reinforcements every six inches;
- v. Minimum of 10-gauge steel fabric ceiling (if no ceiling, cage walls must be securely attached to the building's masonry ceiling);
- vi. Minimum of 10-gauge steel fabric on metal frame door in metal door flange;
- vii. Self-closing and locking door; and
- viii. Restricted access by either key card, combination lock, or code.

##### **d. Alternative Vault-Refrigerated Unit:**

All refrigerated units must include all of the specific items listed below:

- i. Weighs a minimum of 150 pounds;
- ii. If weighs less than 2,000 pounds, must be professionally installed (by a licensed contractor) to the floor and wall using a minimum of 2 anchor bolts that are able to withstand 5,000.00 pounds of pressure; and
- iii. Restricted access by either key card, combination lock, or code.

5. An operating and functional central station burglar alarm must be installed at the premises that has:

- a. contacts on all windows and doors that open to the outside;
- b. contacts on all windows and doors adjacent to common stairways and/or hallways; and
- c. motion detectors that cover the room in which the safe is kept.

This burglar alarm must be turned on and fully operational during non-business hours.

#### **B. Fire and/or Smoke Damage**

No coverage will be afforded by this policy for fire and/or smoke damage or any other peril that arises out of a loss by fire unless the premises have been inspected by a licensed electrician who determined that the electrical architecture, power supply, and number of circuits are adequate for the nature of your operations.

Finished Stock				
Finished Stock Limit:	Deductible:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
What is the maximum amount of usable finished marijuana stock that is on premises at any time?				
Crop				
Crop Limit:	Crop Deductible:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
Does the applicant test 100% of their grown cannabis products?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the estimated number of harvests per year?				
Goods in Process				
Goods Limit:	Goods Deductible:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
What is the maximum amount of goods in process that is on premises at any time?				

Additional Insured – Building Owner	
Location #	Building #
Building Owner Name:	
Building Owner Address:	City, State, Zip:
Building Description:	

Property Loss Payees				
Location #	Building #			
Type:	<input type="checkbox"/> A. Loss Payable	<input type="checkbox"/> B. Lenders Loss Payable	<input type="checkbox"/> C. Contract of Sale	<input type="checkbox"/> D. Building Owner
Name of Person(s) or Organization:				
Mailing Address:			City, State, Zip:	
Property Description:				