

Application for Cannabis Insurance

Please send submissions to 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: