

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)				
General Liability Coverage				
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				
Medical Expense Coverage				
Medical Expense Limit:	<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	
Damage to Premise Rented to You Coverage				
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				
Hired and Non-Owned Auto with Delivery Coverage				
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
Hired and Non-Owned Auto without Delivery Coverage				
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			
Waiver of Subrogation Endorsement				
Endorsement Selection:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Person(s) or Organization(s):				
Reasons:				
Primary and Non-Contributory Wording Endorsement				
Endorsement Selection:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons:				

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