

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	
Grow Operations – Additional Questions											
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	
Processor Operations – Additional Questions											
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:				