



CANNABIS AND HEMP OPERATIONS

Medical and Recreational Operations are Approved

COVERAGES

CLASSIFICATIONS



- **General Liability**
 - Occurrence - A+ Rated carrier
 - Up to \$1.0M /\$2.0M Occurrence/Aggregate
 - Hired and Non-Owned \$1.0M (max limits)
 - Primary and Non-Contributory wording
- **Product Liability**
 - Claims Made – A+ Rated Carrier
 - \$1.0M /\$2.0M Occurrence/Aggregate
 - \$2,500 Deductible
 - \$1,500.00 minimum premium
- **Excess Liability**
 - Occurrence - A+ Rated carrier
 - Up to \$5.0M limits
 - Excess coverage is over GL only
- **Property**
 - ISO property forms – A+ rated carrier
 - Up to \$10.0M property limits
 - Cargo (coming early 2015)
 - Property Enhancements
 - Several deductible options
- **Crop**
 - Non-Admitted carrier – A+ Rated
 - Up to \$5.0M Living plants
 - Finished stock is included in property limits
- **Equipment Breakdown**
 - Admitted carrier – A+ Rated carrier
 - Up to \$10.0M limits
 - Loss of Business Income
 - Reputational recovery
 - Data Compromise
- **Cyber Liability**
 - Admitted and Non-Admitted – A+ Rated carrier
 - \$1.0M Occurrence

- **Cultivation**
 - Indoor
 - Outdoor
 - Greenhouse
- **Processors/Harvesters**
 - Owned
 - Sub-contracted
- **Manufactures**
 - Cannabis products
 - Non-cannabis products
- **Wholesaler/Distributors**
 - Brokers
- **Transporters**
 - Owned
 - Sub-Contracted
- **Franchisers**
 - In State or Multi State
- **Dispensary/Retail**
- **Delivery**
 - To Consumer
- **Laboratory**
- **Property Management**
- **Landlord/Building Owners**
- **Tobacco Retail Store**
- **Garden Store**
 - Retail and Wholesale
 - Hydroponics
- **Schools**

Approved Association Discounts





Submission Instructions:

What do I need to receive a formal quote?

- New venture:
 - Complete NWISMMD V1.0 Application
- No prior coverage with prior operations:
 - Complete NWISMMD V1.0 Application
 - Complete Acord 37 if no prior losses
 - Completed Commercial Loss Summary if prior losses
- Prior coverage
 - Complete NWISMMD V1.0 Application
 - Loss Runs – up to 3 year prior - Loss free credits may apply

OR; if NO loss data can be provided, please provide one of the following documents

- Complete Acord 37 if no prior losses
- Completed Commercial loss summary if prior losses

Where do you send your submissions to?

SADLER

PRODUCTS LIABILITY INSURANCE

P.O. Box 5866, Columbia, SC 29250 (800) 622-7370 Fax: (803) 256-4017

products@sadlerco.com www.products-liability-insurance.com

****Please email or fax ATTN: Paul Owens****



Section- 1 - General Information:

Legal Business Name: _____

Mailing address: _____

TYPE #1: Corporation Partnership LLC Individual other _____

TYPE #2: Non-Profit Not for Profit For Profit other _____

USE: Recreational Medicinal Both No cannabis sales – other

Operations: Check all operations: Cultivation Processor Manufacturer Cannabis Retail Lab
 Hydroponics Retail Smoke Shop Delivery Operations Other (describe) _____

Is the Insured a member of any cannabis trade associations? Yes No

If yes, who? CCSE NORML - NBN NCIA CCIA Other: _____

List your projected sales/donations by category for the next 12 months:

- a. Cultivation sales/donations \$ _____
 - b. Manufacturing sales/donations \$ _____
 - c. Processing sales/donations: \$ _____
 - d. Recreational retail sales: \$ _____
 - e. Medicinal retail sales/donations: \$ _____
 - f. Laboratory and testing sales/donations \$ _____
 - g. Other: _____ \$ _____
- Total for next 12 months \$ _____

What are the total sales/donations for the last 12 months: \$ _____ New Venture–no prior gross revenue

If New Venture: do any of the principals have a minimum of 1 year in the cannabis industry Yes No

Locations Schedule:

Loc #	Bldg #	Address/ City, State, Zip Code





Section 2 - History:

All questions must be answered. Failure to disclose proper history could invalidate any and all coverage.

- Has any application for similar insurance made on behalf of the applicant and /or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary or affiliated organization thereof ever been declined, cancelled or non-renewed? Yes No
- Do you currently have commercial insurance coverage? Yes No

General Liability: Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

Property: Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits:\$ _____

Crop: Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: \$ _____

Excess: Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

Product Liability: Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

- Has the applicant had any prior liability and or property claims in the past 5 years: Yes No
(If yes, attach currently-valued (within past 90 days) loss runs including details)
- Complete the following for any applicant or any principal, partner, owner, officer, director, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization:
 - Have any of the above been convicted of a felony or DUI in the last 10 years? Yes No
If yes, give details:
 - Is the applicant in compliance with all local & state laws regarding the manufacture, control, dispensing of cannabis? Yes No





Section 3 – General Liability and Excess

Complete Sections 3 thru 8 for each location/building

DBA: _____

Location/BLDG # ____/____ Physical address: _____

What are the operations at this location only! : Cultivation Processor Manufacturer Cannabis Retail Hydroponics Retail/Wholesale Smoke Shop Delivery Operations Doctor Laboratory Testing Cannabis Wholesale/Broker Office only - no cannabis sales Retail – No cannabis sales Other _____

General Building Questions

Year building built: _____ *if the building is older than 20 years the applicant will need to provide the year the following were last worked on or inspected:* Roof _____ Plumbing _____ Electrical _____ HVAC _____

Construction type _____ Number of stories: _____ Square footage _____

Roof Construction _____ Roof Covering _____

Are there Fire Sprinklers? Yes No What percentage of the insured’s building is sprinklered _____%

General Liability Questions:

- 1. Does the premise have a pool, pond or other water exposure? Yes No
- 2. Does anyone live on the premises? Yes No
- 3. Are there any dogs on the premises? Yes No
- 4. Are there any fire arms on the location listed above: Yes No
- 5. Does the insured sub-contract their security guards? Yes No

If yes: the sub-contracted security company must list you as an additional insured

General Liability Coverage:

\$1,000,000 each occurrence /\$1,000,000 aggregate \$1,000,000 each occurrence /\$2,000,000 aggregate

Hired and Non-Owned Auto Endorsement:

Include Hired and Non-Owned Auto: Yes No

Excess Liability Coverage:

Excess Liability Coverage: Check box if you want to decline excess coverage at this time

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

(each excess layer added will apply to both the occurrence and aggregate limits)





Section 4 – Property

Complete Section 4 for each location/building

Check box if you want to decline property coverage at this time

Location/BLDG #_____/_____/_____ Physical address: _____

Property Questions

1. Does the applicant have an active central station alarm system? Yes No

Monitoring Company _____

2. Are all windows and doors connected to an Active Central Station Alarm? Yes No

3. Does the applicant have an approved safe: Yes No Weight Fire Rating

Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground

4. Does the applicant use a vault to secure cannabis finished stock? Yes No

5. Do you have a buzz in system or security personnel at the door? Yes No

6. Does the applicant have interior and exterior cameras? Yes No

7. Does the applicant maintain daily written records of all cannabis and cannabis containing products, including the purchase date, type of product and purchase price? Yes No

Property Coverage and Endorsements for the location listed above:

Optional Property Deductibles \$10,000 or \$50,000
(the deductible will default to \$2,500 if none are chosen)

Building Coverage: \$_____ Triple net lease Named insured owns the building

Loss of Income \$_____ Number of months with coverage _____

Outdoor Signs \$_____

Cannabis Inventory \$_____ % of the cannabis inventory requires refrigeration

Indoor Grow Equipment & Tools \$_____

Outdoor Grow Equipment & Tools \$_____

Business Personal Property \$_____

Tenants Improvements \$_____

Property Enhancement Yes No \$25,000 Blanket Coverage Endorsement





Section 5 – All Cultivation Operations

Complete Section 5 for each location/building

Check box if there are **NO** cultivation operations at this location and skip Section 5

Location/BLDG # ___/___ Physical Address: _____

Check all that apply:

Location Zoning: Commercial Residential Industrial Agricultural Mixed use

Cultivation Operations: Indoor Outdoor Enclosed Greenhouse Open Greenhouse

Cultivation Questions:

- Is there a back-up system for the electrical supply? Yes No
- Does the applicant test 100% of the cannabis products grown? Yes No
If yes, who provides testing: Name _____ Ph# _____
- Estimated number of harvests per year _____
- Average yield of harvested cannabis per plant _____ (oz)
- Average wholesale value per pound of finished cannabis stock _____
- Maximum per plant value based on questions 5 and 6 _____

Indoor Cannabis & Hemp Crop Coverage: Check box if you want to decline crop coverage _____ Initial

CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= Total Plant Values
Seeds	#	x \$	\$
Immature Seedlings	#	x \$	\$
Vegetative Plants	#	x \$	\$
Flowering Plants	#	x \$	\$
Harvested Plants	#	x \$	\$
Crop Value			\$
Finished Stock	LBS.	x \$	\$

All Cultivation operations are required to warrant one of the following:

- I have used or will use a licensed, insured contractor for all electrical work at my grow facility.
- I have had or will have within 30 days of my insurance effective date, all the wiring inspected by a licensed, insured contractor at my grow facility.

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

_____ Applicant Signature Date: ___/___/___





Section 6 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 6 for each Outdoor/Greenhouse location/building

Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 6

Location/BLDG # ____/____ Physical Address: _____

- 1. Does the property listed above have fencing surrounding the cultivation area? Yes No
 - A. If yes, please provide details about the fencing used (i.e. Height, Electrified, and Material Used).
 - B. If yes, is the fenced in area locked at all times? Yes No
- 2. Is there any barbwire, razor wire or electrified fencing used for security on property? Yes No
 - A. If yes, are there warning signs on the property? Yes No
- 3. Are there gates at all entrances of the property? Yes No
 - A. If yes, are the gates locked at all times? Yes No
- 4. Are there any traps that are used for security on the property? Yes No
 - A. If yes, please provide details:
- 5. What percentage of your total cultivation at the location listed above is
 - A. Indoor grown? _____%
 - B. Greenhouse grown? _____%
 - C. Outdoor grown? _____%

_____ (A,B,C must total 100%)

Greenhouse Cultivation Operations:

- 6. Will the greenhouse be fully enclosed with locking doors? Yes No
 - A. If no, please provide photos and details on how you plan on securing the greenhouse.
- 7. Will the greenhouse have electricity? Yes No
 - A. If yes, provide details on equipment that uses electricity.
- 8. Provide details on the materials used to construct the greenhouse walls. i.e. aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc.

Outdoor Cultivation Operations:

- 1. What is the total property size _____ acres
- 2. What is the size of the total cultivation area were cannabis and or hemp operations take place _____ acres





Section 7 – Manufacturing/Cooking Operations:

Complete Section 7 for each location/building that has manufacturing / cooking operations

Check box if there are **NO** manufacturing or cooking operations and skip Section 7

Location/Bldg # ____/____ Physical address: _____

1. Will there be open flame cooking and or fryer operations at the property listed on above? Yes No
If yes: Are open flame cooking and/or frying operations conducted under a non-combustible power ventilation hood? Yes No
2. What products do you manufacture that require open flame cooking or frying: _____
3. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? Yes No
If yes, what type of fire suppression system is it? _____
4. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? Yes No
5. Does the location list above have deep fat fryer with a high limit temperature switch? Yes No
6. How often are your hoods and flues checked? _____
7. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? Yes No
8. How often is your fire suppression system serviced? _____
9. Are fire suppression systems inspected/cleaned by an outside service and tagged for verification of this? Yes No
10. How often are the filters in your grease hood cleaned? _____
11. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license in the past? Yes No
12. Will your operations include extraction of cannabis oils? Yes No
If yes, what method do you use to extract _____
13. Will your equipment be used and or rented to others who are not the named insured? Yes No
If yes: will you require them to carry their own insurance and name you on their policy? Yes No
14. The address listed above is the only location where your operations are preformed? Yes No
If no, list all address and the operations performed at each of the locations. i.e.. short term leases, short term kitchen or lab rentals.





Section 8 - Off Premises Coverage Options

Complete Section 8 for each location/building where off premises coverage is wanted

Check box if there is **NO** coverage for off premises at this location and skip Section 8

Location/BLDG # ___/___ Physical Address: _____

Coverages:

Option 1

Off Premises Coverage Option #1

\$5,000 per any One Loss; \$10,000 per Policy; Theft Limited to \$2,500 per any one loss Yes No

OR

Option 2

Off Premises Coverage Option #2

\$25,000 per any One Loss; \$25,000 per Policy; Theft Limited to \$5,000 per any one loss Yes No

Underwriting Questions:

- 1. Will you deliver or transport cannabis living plants? Yes No
- 2. Will you deliver or transport cannabis harvested or processed goods? Yes No
- 3. Will you deliver or transport money and or securities? Yes No
- 4. Do all vehicles that will be taking insured property or money and securities on the scheduled premises have an active alarm system? Yes No
- 5. If yes to question 4: does it include Low Jack or some other tracking service? Yes No
- 6. Are drivers allowed to make personal stops when making deliveries? Yes No
- 7. Are drivers allowed to take any inventory or money home? Yes No
- 8. Do you collect DMV records from all drivers prior to employment? Yes No
- 9. Do you allow any fire arms or weapons in the vehicles? Yes No
- 10. Do you have a lock box that is bolted to the vehicles? Yes No





Section 9 – Products Liability

Check box if you are Declining Product Liability and skip Section 9

1. List complete description of products manufactured, sold or distributed by the applicant:
2. What materials or principal components are these composed of?
3. Do you manufacture the complete product? Yes No
 - a. If not, what component parts are purchased by you?
4. Will any vendor repackage, re-label or modify your product? Yes No
 - a. If yes, explain:
5. List any product that has been discontinued or recalled in the past 5 years and why:
6. Is there a written products recall plan? Yes No
7. Any new products introduced in the past 5 years? Yes No
 - a. If yes, list product(s) and when introduced:
8. Are any new products proposed for introduction in the next 12 months? Yes No
 - a. If yes, provide them on a separate word document
9. Can products be identified from those of competitors? Yes No
 - a. If yes, how?

Quality Control/ Loss Control

1. Are your products tested and labeled to meet state and/or industry standards? Yes No
 - a. If yes, list what standards: _____
 2. Any products UL approved? Yes No
 3. Any products FDA approved? Yes No
 4. Any products not approved by UL, FDA, and/or anyone else? Yes No
 - a. If yes, by who? _____
 5. List your memberships in any industry product – standard organizations (ex. ISO9000):
 6. Is a written loss control program in effect? Yes No
 7. Any written quality control procedure? Yes No
 8. Are you aware of any incident(s) that may result in a claim not reflected above? Yes No
- If yes, explain:

I understand that this products liability coverage part applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

Signature of Applicant _____ Title _____ Date _____





Section 10 – ADDITIONAL INSURED

Check box if there are NO additional insureds needed at this time and skip Section 10

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

Waiver Of subrogation: -provide copy of Requirements

Primary Wording with Non-Contributory Wording - provide copy of Requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

Waiver Of subrogation: -provide copy of Requirements

Primary Wording with Non-Contributory Wording - provide copy of Requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

Waiver Of subrogation: -provide copy of Requirements

Primary Wording with Non-Contributory Wording - provide copy of Requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) landlord loss payee Governmental Agency

Waiver Of subrogation: -provide copy of Requirements

Primary Wording with Non-Contributory Wording - provide copy of Requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____





STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C. No. Ext):			
FAX (A/C. No.):		POLICY NUMBER	
E-MAIL ADDRESS:		APPROVED BY	
CODE:	SUBCODE:	AGENCY CUSTOMER ID:	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON _____ TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

