

SECTION 1 - GENERAL INFORMATION FOR RETAIL SERVICES	
Legal business name:	
Address:	City:
Province:	Postal code:
Mailing address:	City:
Province:	Postal code:
Provincial cannabis retail license number (Please attach a copy):	
Type #1:	Corporation Partnership LLC LLP Individual Other:
Use:	Recreational Medicinal No cannabis sales Other:
Operations (Check all that apply): Cannabis Retail Paraphernalia Other:	
Business description:	Date business established:
Is the insured a member of any trade attractions? Yes No	If yes, who:
List your projected sales (\$CDN) by category for the next 12 months:	
a) Recreational cannabis retail:	\$
b) Accessories retail:	\$
c) Other:	\$
d) Total for 12 months:	\$
Total sales for the next 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

SECTION 1B - IF MULTIPLE LOCATIONS, PLEASE COMPLETE THE NWIC SOV IN FULL	
<i>Please Note: All questions must be answered. N/A is not an acceptable answer for the carrier to approve.</i>	
How does the insured prevent drugged driving or other adverse public health consequences associated with cannabis use?	
<i>Please describe:</i>	
What is the insured's policy on preventing the distribution to minors?	
<i>Please describe:</i>	
Does the Insured have a retail training manual on the selling requirements and possession amounts?	Yes No
How will the Insured be advertising their product(s)?	
<i>Please describe:</i>	

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 Insured and/or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary of affiliated organization thereof ever been declined, cancelled or non-renewed?	Yes	No
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If yes, please explain:

Do you currently have commercial insurance coverage?	Yes	No
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Commercial General Liability & Product Liability: Check box if No prior

Insurer:	Expiration date:
Policy number:	Premium: \$
Coverage limits:	Aggregate: \$

Property: Check box if No prior

Insurer:	Expiration date:
Policy number:	Premium: \$
Coverage limits:	

Has the Insured had any claims or losses?	Yes	No
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If yes, attach a currently valued, detailed loss report on Insurer letterhead.

Complete the following for any Insured or any principal, partner, owner, officer, director, employee, manager or managing member of the Insured 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
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If yes, give details (date criminally charged or convicted):

Is the Insured in compliance with all Provincial & Federal laws regarding the manufacture, control, dispensing of cannabis?	Yes	No
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Is the Insured an Authorized Licensed Retailer of Cannabis?

Yes, please list Province:

If No, what date do they expect to be licensed/permitted?

N/A

SECTION 3 - PROPERTY

**** Complete for each building or attach SOV ****

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

Locations:

Location #	Building #	Street Address, City, Province, Postal Code	Square Footage

GENERAL BUILDING QUESTIONS:

Year building built:	Roof:	Plumbing:
Electrical:	HVAC:	Construction Type:
Number of stories:	Square Footage:	Roof Construction:
Roof Covering:		

Building type:

Industrial	Warehouse	Enclosed mall
Retail/strip mall	Commercial with residential above	Retail/strip mall
Building value:	\$	
Tenant's improvements:	\$	
Stock (non-cannabis):	\$	
Cannabis inventory:	\$	
Office contents:	\$	
Equipment:	\$	
Outdoor signs:	\$	
Loss of income:	\$	
Equipment breakdown:	\$	
Building value:	\$	

Optional property deductibles:

\$2,500	\$5,000	\$10,000	\$25,000
Are there sprinklers? Yes No		What percentage of the insured's building is sprinklered? %	
Is there a central station alarm that is connected to all doors/windows?			Yes No
Does anyone live in the above scheduled building or on premises?			Yes No
<i>If yes, please explain:</i>			
Does the insured sub-contract their security guard services?			Yes No

<i>If yes, the sub-contracted security company must list you as an additional insured.</i>	
<i>** If any answer above is yes, please provide details on a separate Word doc.</i>	
Does the insured maintain daily written records of all cannabis, hemp and CBD containing products, including the purchase date, type of product and purchase price?	Yes No

SECTION 4 – GENERAL LIABILITY	
Primary General Liability Coverage:	
\$1,000,000 each occurrence/\$1,000,000 aggregate	\$5,000,000 each occurrence/\$10,000,000 aggregate
\$2,000,000 each occurrence/\$2,000,000 aggregate	\$10,000,000 each occurrence/\$10,000,000 aggregate
\$5,000,000 each occurrence/\$5,000,000 aggregate	
Include hired and non-owned auto:	Yes No
Do all drivers maintain a personal auto policy and keep it in force at all times?	Yes No
Is any driver allowed to drive with any DUI, DWI, or careless driving violations?	Yes No
Are MVR's/driver records collected by all drivers employed by the Insured on an annual basis?	Yes No
Does Insured make any deliveries directly to patients or customers from the retail location?	Yes No

SECTION 5 – PRODUCT/COMPLETED OPERATIONS LIABILITY COVERAGE	
Check box if you want to decline Products/Completed Operations Coverage at this time.	
Coverage will be on Claims Made wording:	
\$1,000,000 each occurrence/\$1,000,000 aggregate	\$1,000,000 each occurrence/\$2,000,000 aggregate
\$2,000,000 each occurrence/\$2,000,000 aggregate	\$5,000,000 each occurrence/\$5,000,000 aggregate
\$5,000,000 each occurrence/\$10,000,000 aggregate	\$10,000,000 each occurrence/\$10,000,000 aggregate
Effective retroactive date:	
<p>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.</p>	
Signature	Title
	Date

SECTION 6 – CRIME

Note: Theft losses of property may be excluded.

<i>Is the central station alarm is not active during non-business hours. (All doors and windows must be connected to the central station alarm system.</i>						Yes	No	N/A
<i>Is the Video Surveillance System is not recording and backing up for 14 days prior to the loss.</i>						Yes	No	N/A
<i>Is the seeds, finished cannabis, stock/inventory, money and securities are outside the safe during non-business hours.</i>						Yes	No	N/A
Crime limit required:	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000			
Please select all that apply at this location:								
Monitored fire alarm		Monitored burglar alarm		Gated windows		Approved fencing		
Interior video cameras		Exterior video cameras		Gated doors		Security guards		
Door greeter/ID validation		Hold up/panic button						
Are all security measures operational during non-business hours?						Yes	No	N/A
Are guards and/or greeters' employees?						Yes	No	N/A
If "No", do independent contractors carry their own insurance?						Yes	No	N/A
Does the applicant require Confirmation of Insurance from contractors?						Yes	No	N/A
Are there firearms on the premises?						Yes	No	N/A
Make & Model:								
Does the applicant have an approved safe?						Yes	No	N/A
Make & Model:								
Is there an approved vault or secured storage area at this location?						Yes	No	Size
Does the applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime.						Yes	No	N/A

SECTION 7 – PRODUCT/COMPLETED OPERATIONS LIABILITY QUESTIONS

GENERAL QUESTION – ALL OPERATIONS

Does the Insured maintain daily written records of all Cannabis, CBD, Hemp and inventory of non-cannabis products, including purchase date, type of product, purchase price and who it was purchased from?	Yes	No
Does the Insured have a quality assurance plan in place?	Yes	No
Does the Insured have a product recall plan?	Yes	No
Does the Insured use software to track sales and pertinent transaction data such as who, when and what was purchased?	Yes	No
Does the Insured have a communication and complaint handling procedure?	Yes	No
Does the Insured obtain and maintain a current copy of a vendor's insurance certificate naming the Insured as Additional Insured from each of the companies the Insured purchases products and/or ingredients from?	Yes	No
Does the Insured maintain a record of vendor contracts and invoices for 5 years or more?	Yes	No

SECTION 8 –ADDITIONAL INSURED(S)		
Click box if there are NO additional insured.		
General Liability	Property	Products Liability
Additional Insured (check one):		
Landlord	Loss Payee	Government Agency
Other:		
Location Number:		Building:
Name:		
Mailing Address:		
General Liability	Property	Products Liability
Additional Insured (check one):		
Other:		
Waiver of Subrogation – provide copy requirements		
Location Number:		Building:
Name:		
Mailing Address:		

SECTION 9 –CYBER LIABILITY			
Number of PII records stored on file or in applicant’s system(s)/network(s)?			
Are firewalls and end-user encryption used for all the applicant’s electronic systems for data transfer and electronic transactions?	Yes	No	
How often are the applicants network systems backed up?	Daily	Weekly	Monthly
Are 3rd party cloud storage services used?	Yes	No	
If “Yes”, please provide details of service provider(s) and description of service(s):			
How often are network systems upgraded and patches to software done?	Daily	Weekly	Monthly

Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

Bearing upon the foregoing, I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I _____, an authorized representative of _____ understand and agree this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

THIS APPLICATION MUST BE SIGNED BY INSURED AT BINDING, DATE MUST BE WITHIN 30 DAYS OF INCEPTION DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

Authorized Insured Signature

Date Signed

Title

Main Contact

Phone Number

Requested Effective Date

Name of Licensed Insurance Brokerage

Signature of Licensed Insurance Broker

Name of Appointed Insurance Broker