

APPLICANT INFORMATION			
<b>Named Insured:</b>			
<b>Website:</b>			
<b>Registered Address:</b>		<b>City:</b>	
<b>Province:</b>		<b>Postal Code:</b>	
<b>Health Canada Licence #:</b>		<b>Date Business Established:</b>	
<i>* Please submit a copy of your current Licence with this Application.</i>			
<b>Is the Insured licensed with Health Canada?</b>			Yes      No
<b>List initial and any subsequent licensing in the table below. <i>* If multiple dates, please specify.</i></b>			
<b>Licensing Date:</b>	<b>Province/Territory:</b>	<b>Licence(s):</b> <i>e.g., Cultivation, Processing</i>	<b>Classes of Cannabis:</b> <i>e.g., Plants/Seeds, Edible</i>
<b>Has the Insured been inspected by Health Canada?</b>			Yes      No
<i>* If so, provide a copy of the Inspection Report and Final Inspection Monitoring Report.</i>			
<b>Mailing Address:</b> (if different from Registered Address)			
<b>Describe the Insured's Nature of Operation(s):</b>			
<b>Is this a new venture?</b>			Yes      No
<b>List the Insured's projected gross revenue by category for the next 12 months (\$CDN)</b>			
<i>Cultivation</i>	\$		
<i>Processing</i>	\$		
<i>Distribution</i>	\$		
<i>Farm Gate</i>	\$		
<i>Laboratory and testing</i>	\$		
<i>Other (please specify):</i>	\$		
<b>Total for the next 12 months:</b>	\$		
<b>Total gross revenue for the last 12 months:</b>	\$		



CANADIAN CONTROLLED DRUG AND SUBSTANCES ACTS (CDSA)	
<i>Please note: All questions must be answered. N/A is not an acceptable answer for the carrier to approve.</i>	
<b>How does the Insured prevent drugged driving or other adverse public health consequences associated with cannabis use?</b>	
<i>Please describe:</i>	
<b>Does the Insured either grow or purchase marijuana on public lands?</b>	Yes      No
<b>What is the Insured's policy on preventing the distribution to minors?</b>	
<i>Please describe:</i>	
<b>Does the Insured have a training manual on the selling requirements and possession amounts?</b>	Yes      No
<i>Please describe:</i>	
<b>How will the Insured be advertising their product(s)?</b>	
<i>Please describe:</i>	
<i>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:</i>	
<b>Have any of the above been convicted of a felony or DUI in the last 10 years?</b>	Yes      No
<i>If yes, please provide details (date criminally charged or convicted):</i>	
<b>Is the Insured in compliance with all Provincial &amp; Federal laws regarding the manufacture, control, dispensing of cannabis?</b>	Yes      No



HISTORY	
<b>Has the Insured had any claims or losses?</b> <i>If yes, attach a currently valued, detailed loss report on Insurer letterhead.</i>	Yes    No
<b>Does the Insured have knowledge of any incidents that could give rise to a future claim or loss?</b>	Yes    No
<b>Do you currently have commercial insurance coverage?</b>	Yes    No
<b>Premises Liability:</b>	
<i>Insurer:</i>	<i>Expiration date:</i>
<i>Policy number:</i>	<i>Premium: \$</i>
<i>Coverage limit: \$</i>	<i>Aggregate limit: \$</i>
<b>Product Liability:</b>	
<i>Insurer:</i>	<i>Expiration date:</i>
<i>Policy number:</i>	<i>Premium: \$</i>
<i>Coverage limit: \$</i>	<i>Aggregate limit: \$</i>
<i>Retroactive date (including limits):</i>	
<i>* Please provide copy of your expiring policy.</i>	
<b>Product Recall:</b>	
<i>Insurer:</i>	<i>Expiration date:</i>
<i>Policy number:</i>	<i>Premium: \$</i>
<i>Coverage limit: \$</i>	<i>Aggregate limit: \$</i>
<i>Retroactive date (including limits):</i>	
<i>* Please provide copy of your expiring policy.</i>	

COMMERCIAL GENERAL PREMISES LIABILITY	
<b>Does the Insured own the building?</b>	Yes    No
<b>Total sq ft occupied by the Insured:</b>	<b>Total sq ft occupied by others:</b>
<i>If premises is multi-tenanted, please provide details of other tenants including their operations:</i>	
<b>Does the premise have a pool, pond or other water exposure?</b>	Yes    No
<b>Does anyone live in the above scheduled building or on premises?</b>	Yes    No
<b>Are there any dogs on the premises?</b>	Yes    No
<b>Does the Insured sub-contract their security guard services?</b>	Yes    No
<b>Include hired and non-owned auto:</b>	Yes    No
<b>Do all drivers maintain a personal auto policy and keep it in force at all times?</b>	Yes    No
<b>Is any driver allowed to drive with any DUI, DWI, or careless driving violations?</b>	Yes    No
<b>Are MVR's/driver records collected by all drivers employed by the Insured annually?</b>	Yes    No



CANNABIS PRODUCT LIST BY TYPE					
Cannabis Product	Revenue (100% CDN) Recreational/Medicinal		Revenue (100% CDN) Insured's Own Production	Revenue (100% CDN) Insured's Branded Products/Sold Under Others' Labels	
	\$	\$	%	%	%
Cannabis (seeds, leaves, buds, flower, trim)	\$	\$	%	%	%
Pre-rolls	\$	\$	%	%	%
Edibles (food)	\$	\$	%	%	%
Edibles (beverages)	\$	\$	%	%	%
Topicals	\$	\$	%	%	%
Extracts – inhalable	\$	\$	%	%	%
Extracts – ingestible	\$	\$	%	%	%
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>%</b>	<b>%</b>	<b>%</b>

TOP THREE PRODUCTS				
Product Name	Product Type	Revenue	Avg. Batch Size	Units/Batch
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

TOP THREE CUSTOMERS BY SALES	
Customer:	Sales By Percentage:
	%
	%
	%



**TOP THREE SUPPLIERS BY PRODUCT**

<i>Supplier:</i>	<i>Product:</i>
<i>Supplier:</i>	<i>Product:</i>
<i>Supplier:</i>	<i>Product:</i>

*\*Provide a copy of a signed Supply and Goods and Services Agreement.*

**LIST ALL PRODUCTS THAT THE INSURED MAY NOT MANUFACTURE, BUT PLACE INSURED'S LABEL ON.  
ALSO LIST THE OPERATIONS THAT ARE CONTRACTED OUT BY THE INSURED.**

<i>Product:</i>	<i>Operation:</i>
<i>Product:</i>	<i>Operation:</i>
<i>Product:</i>	<i>Operation:</i>

*\*Provide a copy of a signed Supply and Goods and Services Agreement.*

**LIST ALL PRODUCTS THAT THE INSURED DOES MANUFACTURE AND PLACE OTHERS' LABELS ON.  
ALSO DESCRIBE THE EXTENT OF THE INSURED'S MANUFACTURING OPERATIONS.**

<i>Product:</i>	<i>Operations:</i>
<i>Product:</i>	<i>Operations:</i>
<i>Product:</i>	<i>Operations:</i>

*\* Provide a copy of a signed Supply and Goods and Services Agreement.*

**SPECIFY THE HIGHEST CONCENTRATION (%) AND DOSAGE (MG) OF CANNABOIDS IN A PRODUCT**

<b>Product:</b>	<b>Concentration:</b>	<b>Dosage:</b>
	%	mg
	%	mg



NON-CANNABIS PRODUCT BY TYPE - ACCESSORIES OR MERCHANDISE		
Product:	Revenue (100% CDN):	Supplier:
Vape Cartridges (510 Thread)	%	
Vape Batteries	%	
Disposable Vape Pens	%	
Rolling Papers (and other paper products)	%	
Conventional Food/Beverage Products	%	
Conventional Topical Products	%	
Other – Please Specify	%	

<b>List and explain new products that will be introduced to the marketplace in the next 12 months:</b>
<b>List and explain all products that have been discontinued and why:</b>

CULTIVATION AND/OR PROCESSING 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 written quality assurance plan in place?	Yes No
Does the Insured have a Quality Assurance Person on staff?	Yes No
<i>If so, provide name and contact info:</i>	
Does the Insured have a Product Recall Plan? <i>*Please provide a copy.</i>	Yes No
Does the Insured test 100% of the cannabis, CBD, and hemp products prior to distributions?	Yes No
<i>If yes, does the Insured perform their own testing?</i>	Yes No
<i>If no, provide the name of the contracted testing laboratory:</i>	Lab name: Contact:
Does the Insured use software to track sales and pertinent transaction data such as who, when and what was purchased?	Yes No
Will the Insured follow all Health Canada and Access to Cannabis for Medical Purposes regulations as it would pertain to the withdrawal and/or recall of defective products?	Yes No

<b>Does the Insured have a communication and complaint handling procedure?</b>	Yes	No
<b>Does the Insured know of any products that were either voluntarily or mandatorily recalled/withdrawn in the past five (5) years?</b>	Yes	No
<b>List the testing methods the Insured uses:</b>		
<i>How often does the Insured clean the production lines?</i>		
<i>How often are the lines replaced?</i>		
<i>Please explain the form of pest prevention the Insured is using:</i>		
<b>Does the Insured apply their own pesticides?</b>	Yes	No
<i>If no, does the Insured get a copy of the contracted company's insurance before any work begins?</i>	Yes	No
<b>Does the Insured follow all Provincial and Health Canada regulations with regards to the use, storage, approval, and disposal of pesticides?</b>	Yes	No
<b>Does the Insured use any butane, propane, CO2, or other gases in the manufacturing process?</b>	Yes	No
<i>If yes, provide what gases/solvents the insured uses:</i>		
<b>Does the Insured follow all laws, regulations and ordinances pertaining to the storage, use and disposal of any gases used in the Insured's operations?</b>	Yes	No
<b>Does the Insured test 100% of all products manufactured for any level or gas/solvent residue?</b>	Yes	No
<b>Does the Insured follow Good Manufacturing Practices in their operations and, if applicable, work with suppliers that are GMP qualified?</b>	Yes	No
<b>Does the Insured have a signed Supply Agreement in place with all cannabis and cannabis accessories suppliers?</b>	Yes	No
<b>Is the Insured aware of any claims or product recalls by their suppliers?</b>	Yes	No
<i>If yes, please provide details:</i>		
<b>Are any products imported to Canada?</b>	Yes	No
<i>If yes, please specify products and the country:</i>		
<b>Did the Insured receive a Certificate of Compliance for the imported products?</b> <i>* If yes, please provide a copy.</i>	Yes	No
<b>If applicable, do suppliers carry appropriate licensing from Health Canada?</b>	Yes	No
<b>If applicable, have suppliers been inspected by Health Canada or the equivalent?</b>	Yes	No
<b>Do all parties in the supply chain carry Product Liability coverage?</b>	Yes	No
<i>If yes, specify limit: \$</i>		
<b>Does the Insured audit their suppliers?</b>	Yes	No



Does the Insured require their suppliers to carry Product Recall coverage?	Yes	No
Does the Insured have hold harmless agreements with all their suppliers?	Yes	No
If yes, which suppliers:		

LIMITS					
<b>Premises/Product &amp; Completed Operations Liability:</b>					
<b>Requested Limit:</b>					
\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000	\$15,000,000	
<b>Requested Deductible:</b>					
\$2,500	\$5,000	\$10,000	\$15,000		
<b>Product Recall:</b>					
<b>Requested Limit:</b>					
\$500,000	\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000	\$15,000,000
<b>Requested Deductible:</b>					
\$2,500	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000

**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, 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: