

## Retail Renewal Application COMMERCIAL PROPERTY & LIABILITY

SECTION A - GENERAL INFORMATION	
<b>1. Name of Insured (Legal Business Name):</b>	
<b>2. Are there any additions/deletions to the Named Insured since policy inception?</b>	Yes    No
<i>If Yes, please provide details:</i>	
<b>3. Policy Number:</b>	<b>4. Renewal Date:</b>
<b>5. Any change to the mailing address?</b>	Yes    No
<i>If Yes, what is the new mailing address?</i>	
<i>Street:</i>	<i>City:</i>
<i>Province:</i>	<i>Postal Code:</i>
<b>6. Has the Insured had any prior property claims, liability claims or losses in the last 5 years?</b>	Yes    No
<i>If Yes, please provide details, or attach a detailed loss run:</i>	
<b>7. Has there been any changes to the Insured's Health Canada License?</b>	Yes    No
<i>If Yes, please provide details:</i>	

SECTION B - PROPERTY	
<b>1. Are there any material changes to the Insured's operations or premises?</b>	Yes    No
<i>If Yes, please provide details:</i>	
<b>2. Are all locations occupied and fully operational?</b>	Yes    No
<i>If No, please provide details:</i>	
<b>3. Are any locations currently undergoing or anticipate renovations/repairs in the upcoming term?</b>	Yes    No
<i>If Yes, please provide details:</i>	

<b>4. Are there any changes to the fire &amp; burglar alarm system?</b>	Yes	No
<i>If Yes, please provide details:</i>		
<b>5. Are there any other changes or concerns?</b>	Yes	No
<i>If Yes, please provide details:</i>		
<b>6. Are there any changes to the Insured limits?</b>	Yes	No
<i>If Yes, please complete and submit <a href="#">updated SOV</a>, provided. ** Please note BI is Profits form, and a limit must be provided.</i>		

### SECTION C- PREMISES/PRODUCT & COMPLETED OPERATIONS LIABILITY

<b>1. List the Insured's projected gross revenue (\$CAD)</b>	
Total for next 12 months:	
Total gross revenue for the last 12 months:	
<b>2. Cannabis Product List by type:</b>	
<b>Cannabis Product:</b>	<b>Revenue (100% \$CAD):</b>
Non-Cannabis Stock:	
Cannabis Stock:	
<b>Total:</b>	
<b>3. Are there any requested changes to the Premises/Products &amp; Completed Operations Liability limits?</b>	Yes      No
<i>If Yes, please provide details:</i>	

Signed:

Date:

Name:

Title: