

## 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
If Yes, please provide details:			
<b>5. Are there any other changes or concerns?</b>		Yes	No
If Yes, please provide details:			
<b>6. Are there any changes to the Insured limits?</b>		Yes	No
If Yes, please complete the table below. If more than three locations, please submit <a href="#">updated SOV</a> provided. ** Please note BI is Profits form, and a limit must be provided.			
	Location #1	Location #2	Location #3
Building			
Equipment (includes Office Contents & Tenant's Improvements)			
Stock (breakdown required below)			
Electronic Data Processing			
Business Interruption - EBI			
Ordinary Payroll			
Extra Expense			
Contractors' Equipment (please attach schedule)			
Other:			
Other:			
<b>7. Stock Valuation:</b>			
<b>Cannabis &amp; Hemp Stock Coverage:</b> Check box to decline stock coverage.			
<b>STOCK COVERAGE LIMITS</b>	<b>Number of Plants</b>	<b>Per Plant Value</b>	<b>= Total Plants Values (Wholesale)</b>
Seeds/Seedlings			
Clones			
Mother Plants			
Flowering Plants			
Harvested Plants			
Crop Value			
Finished Stock	Grams		

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

### 1. List the Insured's projected gross revenue by category for the next 12 months (\$CAD)

Category:	Projected Revenue (\$CAD)
Cultivation:	
Processing:	
Distribution:	
Farm Gate:	
Laboratory & Testing:	
Other (please specify):	
Total for the next 12 months:	
Total gross revenue for the last 12 months:	

### 2. Cannabis Product list by type:

Cannabis Product	Revenue (100% CAD)	Revenue (100% CAD) Insured's Own Production	Revenue (100% CAD) 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	%	%	%	/	%
Total	%	%	%	/	%

### 3. Top two suppliers by Cannabis Product:

Supplier:	Product:
Supplier:	Product:


**4. Non-Cannabis Product List by Type – Accessories or Merchandise:**

Product:	Revenue (100% CAD):	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	%	

**5. List and explain new products that will be introduced to the marketplace in the next 12 months:****6. List and explain all products that have been discontinued and why:****7. Are there any requested changes to the Premises/Products and Completed Operations Liability Limits?**

Yes      No

*If Yes, please provide details:*

Signed:

Date:

Name:

Title: