



8722 S. Harrison St. Sandy, UT 84070  
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877-678-7342 • Fax 800-478-9880

**CANNABIS/HEMP  
CULTIVATION/GROWING  
FACILITY**

Proposed effective date: \_\_\_\_\_ When is the quote needed by?: \_\_\_\_\_

Are you working with an agent/broker?  Yes  No

Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_

Producer e-mail: \_\_\_\_\_

**A. General Information**

Applicant's name: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have more than one location?  Yes  No

Physical address of business if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new business?  Yes  No

Date business started: \_\_\_\_\_ Years in business: \_\_\_\_\_

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_

Does the insured have any contract requirements? (If yes, please attach a copy)  Yes  No

**B. Insurance History**

Why is the insured seeking new coverage?: \_\_\_\_\_

What is the target premium?: \_\_\_\_\_

Is the current insurance carrier offering a renewal quote?  Yes  No

If yes, please provide the premium offered: \_\_\_\_\_ If no, explain: \_\_\_\_\_

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage?  Yes  No

If no, please explain: \_\_\_\_\_

If yes, please provide limits, coverage and premium: \_\_\_\_\_

Has the applicant or any predecessor ever had a claim?  Yes  No

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).**

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier?  Yes  No

If yes, please explain: \_\_\_\_\_



**Crop Coverage Table**

Type of Plants (seed, seedlings, clones)	Number of Acres	Number of Plants per Acres x	Value per Plant =	Total

Location #	Year Built	Square Footage	# of Stories	Age of Roof	Roof Type	Construction	PC Class

**Provide building upgrades for locations over 20 years old, detail any renovation plans for the next year**

Is this location fully open and operational?  Yes  No

If no, when do you expect this location to be open and fully operational? \_\_\_\_\_

What are the operations at this location:  Manufacturer  Processor  Cultivation  Retail/Dispensary  
 Lab  Delivery  Distribution  Other: \_\_\_\_\_

Is there any oil extraction done at this location?  Yes  No

If "Yes", what method is used?  CO2  Butane  Propane  Other: \_\_\_\_\_

Are there fire suppression or sprinkler systems?  Yes  No

Does the applicant have an approved safe for secure product storage?  Yes  No  
**(Minimum safe requirement: 800 lbs. with a 1-hour fire rating; under 2000 lbs. must be bolted to the ground)**

Does the application have a vault room?  Yes  No

Is there a vacuum oven, centrifuge, distillation column and/or rotovap in the building?  Yes  No

Is there an electrical back up system?  Yes  No

How are the plants watered? \_\_\_\_\_

**E. Risk Management**

Please supply complete list of all products manufactured or processed by applicant.

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Are cannabis/hemp cultivation areas located:  Indoor  Outdoor  Greenhouse

If indoors, estimated number of plants per grow house/green house: \_\_\_\_\_

If outdoors, provide the approx. size of the processing area in acres: \_\_\_\_\_

Estimated number of plants per acre: \_\_\_\_\_

If cultivation area is located outdoors, is the area surrounded by fencing?  Yes  No

Please describe fence: \_\_\_\_\_

If electric fencing or barbed/razor are used, are warning signs posted?  Yes  No

Is the fenced area locked at all times?  Yes  No

Are there locked gates at all entrances to the property and/or growing areas?  Yes  No

If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors?

Yes  No

If no, please describe how the greenhouse will be secured to prevent unauthorized entry: \_\_\_\_\_

\_\_\_\_\_

Will your operations include extraction of cannabis oils?

Yes  No

Does applicant maintain a ledger with a record of the quantity of cannabis/hemp or product dispensed in each transaction, the type and source of the product dispensed, total amount paid by customer for all goods and services provided, and the date and time dispensed?

Yes  No

Does applicant maintain separate records or medical and recreational products?

Yes  No

Is any product contain manufactured, mixed, labeled, or relabeled by the applicant?

Yes  No

If yes, products liability application must be completed (if coverage is desired).

Does applicant use a 3<sup>rd</sup> party testing lab to test all products?

Yes  No

If yes, please explain what applicant tests for exactly and when a lab is used: \_\_\_\_\_

If no, how does applicant ensure product purity? \_\_\_\_\_

Does applicant have a quality assurance plan in place?

Yes  No

If yes, please describe: \_\_\_\_\_

Do any products, ingredients, or components originate from outside the United States?

Yes  No

Specify what products are imported: \_\_\_\_\_

Are imported products and components tested for contamination and verified that they match what was ordered?

Yes  No

Does applicant have a formal written product recall plan?

Yes  No

If yes, please provide or describe: \_\_\_\_\_

### **Manufacturing/Cooking**

Does applicant manufacture/cook any products?

Yes  No

***If yes, answer the below questions. If no, skip to next section.***

Where does manufacturing take place?

Indoors  Outdoors

Will there be open flame cooking and/or fryer operations?

Yes  No

If yes, what products? \_\_\_\_\_

If yes, are the operations conducted under a non-combustible power ventilation hood?

Yes  No

Will there be open flame cooking and/or fryer operations?

Yes  No

If yes, what products? \_\_\_\_\_

For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance evidencing products coverage and require to be listed as an additional insured from all us based manufacturers or suppliers?

Yes  No

If no, please explain: \_\_\_\_\_

For products that applicant does not produce, does applicant obtain certificates of analysis evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier?

Yes  No

If no, please explain: \_\_\_\_\_

Are any onsite consumption of cannabis/hemp products permitted?

Yes  No

If yes, please explain: \_\_\_\_\_

**Premises / Property Questions:**

Describe area in which the building is located in (i.e.: residential, commercial, industrial, etc.):

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Is the nature of this business advertised on outside of the building?  Yes  No

Does applicant offer delivery services?  Yes  No

If yes, how many per year? \_\_\_\_\_

Does applicant occupy the entire building?  Yes  No

If yes, how are the connecting doors secured? \_\_\_\_\_

If no, are there connecting doors to adjacent units?  Yes  No

Does anyone live or reside in this property?  Yes  No

If yes, describe occupancy: \_\_\_\_\_

If yes, is a separate homeowners insurance policy in place?  Yes  No

Do the premises have a security system in place?  Yes  No

If yes, please describe in detail: \_\_\_\_\_

Are all windows and doors connected to a security system?  Yes  No

Are all alarm systems fully operational during non-business hours?  Yes  No

Are there firearms on property?  Yes  No

If yes, please list safety protocol and where firearm is stored: \_\_\_\_\_

Does applicant have interior and exterior cameras?  Yes  No

If yes, how long is footage retained? \_\_\_\_\_

Does applicant have a buzz-in system or security at door?  Yes  No

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please list: \_\_\_\_\_

Has any principal, owner, officer, director, manager or managing member or employee been convicted of a felony or DUI in the last 10 years?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

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Is the applicant in compliance with all local & state laws regarding the manufacture, control, and dispensing of cannabis?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

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**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name