



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

**CULTIVATION/GROWING
FACILITY APPLICATION**

A. General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
 2. Contact Person: _____ Relationship to Business: _____
 3. Applicant's Mailing Address: _____
 4. City: _____ State: _____ Zip: _____
 5. E-Mail: _____ County: _____
 6. Business Telephone Number: _____ Fax: _____
 7. Physical Location of Business (If different): _____
- Population within 50 miles: _____
8. Other Locations Used: (If more than two locations, send list with additional locations)
Physical Address: _____
City: _____ State: _____ Zip: _____
 9. Please List Any Other Names the Business is or has Been Known By: _____

Producer Name: _____ Producer Phone Number: _____
Producer Email: _____

10. Applicant Is A(n): Individual Corporation Partnership Joint Venture Other: _____

11. Is This a New Business Yes No If No, How Long in Business? _____

If Yes, How Many Years of Experience in this Industry? _____ Please List Experience in Detail: _____

12. Detailed Description of Business Activities (Specifically, and by location): _____

13. Is this Insured a Member of Any Cannabis/Marijuana Trade Associations? Yes No

If Yes, Please List:

14. Please List the Business Owners, Principals, Managing Members and Managers of the Business Applying for Insurance and Identify How Many Years of Experience the Owner(s) has in this Type of Business: _____

15. Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

16. 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: _____

B. Insurance History

Who is Your Current Insurance Carrier (or your last if no current provider)? _____

Provide Name(s) for All Insurance Companies that have Provided Applicant Insurance for the Last Three Years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Other Insurance:			

1. Has the Applicant or Any Predecessor Ever had a Claim? Yes No

If Yes, Attach a Five-Year Loss/Claims History, Including Details. (REQUIRED)

2. Have you had Any Incident, Event, Occurrence, Loss, or Wrongful Act Which Might Give Rise to a Claim Covered by this Policy, Prior to the Inception of this Policy? Yes No

If Yes, Please Explain: _____

3. Has the Applicant, or Anyone on the Applicant's Behalf, Attempted to Place this Risk in Standard Markets? Yes No

If the Standard Markets are Declining Placement, Please Explain Why: _____

4. Has Any Principal, Owner, Officer, Director, Manager or Managing Member or Employee Ever Been Convicted of a Felony or DUI in the Last 10 Years? Yes No

If Yes, Please Explain in Detail: _____

5. Is the Applicant in Compliance with All Local & State Laws Regarding Manufacture, Control Dispensing of Cannabis? Yes No

If Yes, Please Explain in Detail: _____

C. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$500,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

D. Business Activities and Gross Receipts: *Check All That Apply and Answer Question Below*

- Indoor Grow: % of Total Gross Receipts _____ \$ _____
- Outside Grow: % of Total Gross Receipts _____ \$ _____
- Processor of Marijuana: % of Total Gross Receipts _____ \$ _____
- Manufacturer: % of Total Gross Receipts _____ \$ _____
- Recreational Retail: % of Total Gross Receipts _____ \$ _____
- Medical Marijuana Retail: % of Total Gross Receipts _____ \$ _____
- Smoke Shop % of Total Gross Receipts _____ \$ _____
- Cannabis Wholesale/ Broker % of Total Gross Receipts _____ \$ _____

1. Please List Total Annual Gross Receipts: \$ _____

CLASSIFICATION	NUMBER OF PLANTS	X	PER PLANT VALUE =	TOTAL PROPERTY COVERAGE
Growing/Crop Cultivation *No Crop Coverage Prior To Harvesting *				
Manufacturing/Cooking – Products Liability (need separate application)				
Commercial Property (Building and Contents) (need separate application)				

2. Please Supply Complete List of All Products Manufactured or Processed by Applicant

3. Are Marijuana Cultivation Areas Located: Indoor Outdoor Greenhouse

a. If Outdoors, Provide the Approx. Size of Growing Area in Acres: _____

4. If Cultivation Area is Located Outdoors, is the Area Surrounded by Fencing? Yes No

If Yes, Answer the Following:

a. Please Describe Fence: _____

b. If Electric Fencing or Barbed/Razor are Used, are there Warning Signs Posted? Yes No

c. Is the Fenced Area Locked at All Times? Yes No

d. Are there Locked Gates at All Entrances to the Property and/or Growing Areas? Yes No

5. 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: _____

6. What is the Maximum Number of Plants on Premises at Any One Time? _____

7. Will Your Operations Include Extraction of Cannabis Oils? Yes No

If Yes, what Method do You Use to Extract? _____

8. Does Applicant Maintain a Ledger with a Record of the Quantity of Marijuana or Marijuana Product Dispensed in Each Transaction, the Type and Source of the Marijuana Dispensed, Total Amount Paid by Customer for All Goods and Services Provided, the Date and Time Dispensed? Yes No

9. Does Applicant Maintain Separate Records or Medical and Recreational Marijuana Products? Yes No

10. Is Any Marijuana Containing Products Manufactured, Mixed, Labeled, or Relabeled by the Applicant?

Yes No

If Yes, Products Liability Application Must be Completed (if coverage is desired).

11. Does Applicant Use a 3rd Party Testing Lab to Test Their Marijuana Containing 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? _____

12. Does Applicant Have a Quality Assurance Plan in Place? Yes No

If Yes, Please Describe: _____

13. Do Any Products, Ingredients, or Components Originate from Outside the United States? Yes No

a. Specify what Products are Imported: _____

b. Are Imported Products and Components Test for Contamination and Verification that they Match what was Ordered? Yes No

14. Does Applicant have a Formal Written Product Recall Plan? Yes No

If Yes, Please Provide or Describe: _____

E. Manufacturing/Cooking

1. Does Applicant Manufacture/Cook Any Products? Yes No

If Yes, Answer the Below Questions. If No, Skip to Next Section

a. Where Does Manufacturing Take Place? Indoors Outdoors

If Outdoors, Provide the Approx. Size of the Processing Area in Acres: _____

b. 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

2. Will there be Open Flame Cooking and/or Fryer Operations? Yes No

If Yes, What Products? _____

3. 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: _____

4. 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: _____

5. How Much Inventory is Displayed to Customers? _____

6. What is the Highest Concentration (%) and Dosage (mg) of Active Cannabinoids Per Serving Contained in the Strongest Product?

a. Please Provide Product Name, Concentration (%), and Dosage (mg) of Active Cannabinoids Per Serving:

7. Is Any on Site Consumption of Marijuana or Marijuana Products Permitted? Yes No

If Yes, Please Explain: _____

F. Premises / Property Questions:

1. Does Applicant Own the Building? Yes No

2. Year Building Was Built: _____ How Many Building/Structures at this Location? _____

3. Square Footage of Building Applicant Occupies? _____

4. Are there Fully Operations Fire Sprinklers? Yes No

If Yes, How Often is the Fire Suppression System Serviced/Checked? _____

5. Describe Area in Which the Building is Located in (i.e.: Residential, Commercial, Industrial, etc.):

6. Is the Nature of this Business Advertised on Outside of the Building? Yes No

7. Does Applicant Offer Delivery Services? Yes No

If Yes, How Many Per Year? _____

8. 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

9. Does Anyone Live or Reside on this Property? Yes No

If Yes, Describe Occupancy: _____

If Yes, is a Separate Homeowners Insurance Policy in Place? Yes No

10. Do the Premises Have a Security System in Place? Yes No

If Yes, Please Describe in Detail: _____

11. Are All Windows and Doors Connected to Security System? Yes No

12. Are All Alarm Systems Fully Operational During Non-Business Hours? Yes No

If No, Please List in Detail: _____

13. Are There Firearms on Property? Yes No

If Yes, Please List Safety Protocol and Where Firearm is Stored: _____

14. Does Applicant have a Safe? Yes No

15. Does Applicant have a Locked Vaulted Room? Yes No

16. Does Applicant have Interior and Exterior Cameras? Yes No

If Yes, how Long is Footage Retained? _____

17. Does Applicant have a "Buzz In" System or Security at Door? _____

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