



200 Park Avenue, Suite 400
 Orange Village, OH 44122
 P:216.910.5573 F:216.245.6153

CANNABIS LIABILITY INSURANCE APPLICATION

Producing Agent Name: _____ License Number: _____

All information provided in response to this Application shall become part of any policy issued. Please answer each question accurately and completely. Incomplete and/or inaccurate information may delay determination of your application or invalidate coverage. Where additional space is needed, please utilize Supplemental Page(s) and identify the applicable section and question.

ACKNOWLEDGEMENTS, REPRESENTATIONS & WARRANTIES

CLAIMS-MADE COVERAGE (PRODUCTS AND COMPLETED OPERATIONS ONLY): I understand and acknowledge that the coverage afforded by the applied for Cannabis Products Liability Insurance is limited to only claims first made against the Insured during the Policy Period **AND** reported in writing to the Company within the Policy Period or the Extended Reporting Period, if any, or as otherwise provided by the Policy.

Applicant Signature: _____ **Title:** _____ **Date:** _____

SUBMISSION REQUIREMENTS

- Completed and Executed Rockall Application
- Provide a copy of each license
- If no prior losses - complete the Statement of No Loss
- If prior losses – provide currently valued Loss Runs for the last 5 years or extending to the date operations commenced
- Copies and/or printing proofs of product and packaging labels
- Schedule identifying all products (SKUs)

COVERAGE ELECTIONS

Requested Policy Period	From:	To:
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Product Liability Limits; Claims Made & Reported

\$1,000,000 Occurrence / \$2,000,000 Aggregate
 \$2,000,000 Occurrence / \$2,000,000 Aggregate
 \$3,000,000 Occurrence / \$3,000,000 Aggregate
 \$100,000 Occ / \$100,000 Agg (Michigan Only)

Product Withdrawal Limits:

\$100,000 Occurrence / \$100,000 Aggregate
 \$250,000 Occurrence / \$250,000 Aggregate
 \$500,000 Occurrence / \$500,000 Aggregate

Product Liability Deductible:

\$5,000 Occurrence \$10,000 Occurrence
 \$25,000 Occurrence \$50,000 Occurrence
 \$100,000 Occurrence

Product Withdrawal Deductible:

\$5,000 Occurrence \$10,000 Occurrence
 \$25,000 Occurrence \$50,000 Occurrence
 \$100,000 Occurrence

Retroactive Date: 5 Years 4 Years 3 Years 2 Years 1 Year None

General Liability Limits; Occurrence (California Only):

\$300,000 Occurrence / \$2,000,000 Aggregate
 \$500,000 Occurrence / \$2,000,000 Aggregate
 \$1,000,000 Occurrence / \$2,000,000 Aggregate

General Liability Deductible (California Only):

\$0 Occurrence
 \$1,000 Occurrence
 \$5,000 Occurrence

Section A – General Information (Required for all Applicants)

Legal Business Name (“Applicant”): _____
 Trade Name (“DBA”): _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Telephone #: _____
 Contact Name: _____ Title: _____ Email: _____

Business Structure: Corporation Partnership LLC Sole Proprietorship S Corporation
 Other (describe): _____
 Date of Organization: _____ State of Organization: _____
 What is the date operations commenced? _____
 Has Applicant ever engaged in this or similar enterprises under a different name? Yes No
 If Yes, provide full details: _____
 If Applicant is a subsidiary of another corporation, identify the parent corporation: _____
 Does the First Named Insured have any subsidiaries? Yes No
If Yes, include an organization chart with submission and include information in Supplemental Page.

Operations (check all activity types that apply): Cultivation Testing Manufacturer Retail
 Processor Microbusiness Delivery Distributor

Product Use (Check all that apply): Recreational Medicinal Hemp/CBD

License Schedule (Required for All Applicants)

- a) How many cannabis licenses does the applicant, any subsidiary, and/or affiliate possess? _____
 b) Complete for each license (only entities/licensed operations listed will be underwritten and eligible for coverage):

License #:	License Type:	DBA:	Physical Address:	Square Footage:

Provide Applicant’s gross sales by applicable category:	Last 12 Months	Next 12 Months
(a) Cultivation:	\$ _____	\$ _____
(b) Processing:	\$ _____	\$ _____
(c) Manufacturing:	\$ _____	\$ _____
(d) Retail & Delivery:	\$ _____	\$ _____
(e) Non-cannabis retail (includes accessories):	\$ _____	\$ _____
(f) Distribution	\$ _____	\$ _____
(g) Laboratory and testing:	\$ _____	\$ _____
(h) Other: _____	\$ _____	\$ _____
<input type="checkbox"/> New Venture – no prior gross revenue	TOTALS: \$ _____	\$ _____

Of the total sales above, provide Applicant’s gross sales by applicable category:		
(a) Retail sales of products manufactured by Applicant.	\$ _____	\$ _____
(b) Retail Sales of products cultivated by Applicant.	\$ _____	\$ _____
(c) Production of vaping or dabbing equipment, vapor cartridges, or concentrates/oils intended for inhalation.	\$ _____	\$ _____
(d) Retail of vaping or dabbing equipment, vapor cartridges, or concentrates/oils intended for inhalation.	\$ _____	\$ _____

Section B – General Operations (Required for all Applicants)

1. Will Applicant have General Liability Insurance during the policy period? Yes No

2. Does Applicant currently have a dedicated compliance officer whose primary responsibility is to ensure compliance with all in-house Standard Operating Procedures (SOPs), state and local laws and regulations, and to conduct internal compliance audits who:

- (a) has served in this capacity for at least one (1) year;
- (b) has at least two (2) years of total experience with regulatory and in-house SOP compliance oversight with Applicant and/or in a similar industry; and
- (c) has a BA/BS or higher degree? Yes No

If No, does Applicant have a designated employee(s) whose responsibilities include regulatory and in-house SOP compliance oversight for all operation types? Yes No

3. Have Applicant's licenses or licensed operations ever been subject to any investigation by any state and/or local government agency and/or other authority concerning its compliance with applicable laws and regulations that resulted in disciplinary or remedial action, fines or any similar action? Yes No

If Yes, describe in detail in a **Supplemental Page**.

4. Is Applicant aware of any incidents or circumstances involving or arising out of Applicant's products or operations that is likely to result in a claim(s) against Applicant? Yes No

If Yes, provide complete details in a **Supplemental Page**.

5. Standard Operating Procedures & Policies
Does Applicant have and can provide written policies and operation procedures in place for:

- (a) Inventory storage, tracking, transportation, and shipping? Yes No
- (b) Point of sale systems and sales tracking? Yes No N/A
- (c) Sanitization and contamination prevention? Yes No
- (d) Employee training? Yes No
- (e) Quality assurance? Yes No
- (f) Packaging and labeling? Yes No N/A
- (g) Cultivation, irrigation, pesticide application? Yes No N/A
- (h) Extraction and purging? Yes No N/A
- (i) Cooking, application, and infusion? Yes No N/A
- (j) Record keeping and documentation? Yes No
- (k) Communication and complaint handling? Yes No
- (l) Safety and security? Yes No

6. On-Premises Consumption. Does Applicant sell, furnish, or otherwise provide, whether for a charge or without a charge, any Cannabis or Cannabis Products for consumption on Applicant's premises or permit any person to bring any Cannabis or Cannabis Products on its premises for consumption on its premises? Yes No

7. Do two (2) or more of the Applicant's officers have combined experience in one (1) or more of these sectors:

- (i) cannabis cultivation, manufacturing, or retail;
- (ii) general agriculture;
- (iii) food products manufacturing or retail; or
- (iv) pharmaceutical products manufacturing or retail.

Seven (7) years? Yes No
Ten (10) years? Yes No

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Section C – Products (Required for all Applicants seeking Product Liability Coverage)

1. Are **ALL** cannabis products manufactured, produced, distributed, or retailed by applicant and intended for consumption by consumers sold in tamper-resistant and child-resistant sealed packaging or containers? Yes No

2. Does Applicant produce, distribute, or retail any cannabis or cannabis products in packaging or with any advertising materials on which any health claims are made? Yes No
If Yes, in a **Supplemental Page** identify the product(s) name and details of the claim.

3. Does Applicant have a formal recall plan? Yes No
If No, will applicant have a product recall plan within 90 days of the effective date? Yes No

4. Has Applicant voluntarily or involuntarily recalled or discontinued any of its products for any reason? Yes No
If Yes, specify for each: Date of recall, product(s) involved, cost incurred, and reason for recall in a **Supplemental Page**.

5. Has any suit involving products liability been brought against Applicant in the last 3 years? Yes No
If Yes, provide detail for each suit including jurisdiction and case # in a **Supplemental Page**.

6. Does Applicant use an independent, state certified/authorized testing service to test its products prior to distribution? Yes No
If Applicant retails only, do you obtain Certificates of Analysis from each vendor? Yes No

7. Does Applicant obtain Additional Insured status from all Cannabis, Cannabis products, and cannabis products components suppliers? Yes No
If yes, does applicant have and can provide copies of AI certificates? Yes No

8. Are all edibles produced or sold by Applicant: **N/A, No Edible Sales**
(a) Packaged in tamper-resistant and child-resistant sealed packaging? Yes No
(b) Limited to a maximum of 100mg of Tetrahydrocannabinol (THC) and/or Cannabidiol (CBD) per sealed package? Yes No
(c) If the product is multi-serving are the individual servings (i) limited to 10mg THC and/or CBD, and (ii) scored or delineated to indicate a single serving? Yes No
(d) If the product is multi-serving is the outer packaging resealable and does it maintain child-resistance after each opening? Yes No

9. If applicant produces or sells vapor cartridges or oil intended for vape use: **N/A, No Vape Sales**
(a) Do any cannabis vapor products contain additives, fillers, or thickening agents including, but not limited to, vitamin E acetate, propylene glycol (PG, PPG), polyethylene glycol 400 (PEG), vegetable glycerin, or medium-chain triglyceride (MCT oil) or any other lipid based thickener or additive? Yes No
(b) **If applicant answered yes** to the question above, please list any additives, fillers or thickening agents contained in cartridges manufactured, produced, distributed or retailed by applicant: _____
(c) Has applicant previously used thickening agents, fillers, or additives in the production of vapor cartridges or oils intended for vape use? Yes No

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Section D – Cultivation Operations (Growing and Processing)

Check box if no cultivation operations and proceed to next section.

1. Does Applicant use an independent, state certified/authorized testing service to test each plant harvest, including, but not limited to, flower, trim, and any plant material intended for human consumption by any means after final drying and processing, for THC potency, pesticides, herbicides, fungicides, moldicides, anti-microbial agents, microbials, and mycotoxins? Yes No

2. Cultivation operations: Indoor Outdoor Enclosed Greenhouse Open Greenhouse

3. Does Applicant's water treatment system utilize:

(a) Reverse osmosis filtration? Yes No

(b) UV sterilization? Yes No

(c) Is the Applicant's irrigation system closed and pressurized? Yes No

4. Does Applicant sell its products via wholesale only? Yes No

Section E – Manufacturing Operations (Cooking, Infusion, and Extraction)

Check box if no manufacturing operations and proceed to next section.

1. Please provide a list of products manufactured by the applicant:

2. Does Applicant perform extraction? Yes No

(a) If yes, what solvent(s) are used? _____

3. For all extraction methods involving propane, butanes, heptanes, benzene, toluene, hexane, or any other liquified petroleum gases or hydrocarbons (except alcohol hydrocarbons) as solvents, does Applicant utilize a commercial, certified:

(a) closed loop extraction system? Yes No N/A

(b) vacuum oven, distillation, chromatography, or rotary evaporator systems to purge all extracted cannabis oil of residual solvents? Yes No N/A

4. Does Applicant use an independent, state certified/authorized testing service to test 100% of processed/manufactured consumable end-products, including, but not limited to, edibles, concentrates, oils, beverages, etc., for THC potency, THC homogeneity, and residual solvent concentrations? Yes No

5. Does Applicant require testing for pesticides, herbicides, moldicides, fungicides, microbials, and mycotoxins from each vendor(s) supplying cannabis stock? Yes No

6. Does Applicant's water treatment system utilize:

(a) Reverse osmosis filtration? Yes No N/A

(b) UV sterilization? Yes No N/A

7. Does Applicant utilize any custom, in-house produced manufacturing/processing equipment? Yes No

If Yes, provide a schedule identifying each piece of custom equipment, including age, builder/producer, and application in a **Supplemental Page**.

8. Does Applicant source products or raw materials or components for any of its products from a country of origin outside of the United States? Yes No

If Yes, in a **Supplemental Page** specify in detail which raw materials or components originate from outside the US.

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Section F – Retail, Delivery & Distribution Operations

Check box if no retail, delivery, or distribution operations and proceed to next section.

1. Does Applicant require testing for pesticides, herbicides, moldicides, fungicides, and anti-microbial agents; microbials and mycotoxins; solvent concentrations; and THC potency and homogeneity from each vendor(s) supplying cannabis products and/or flower? Yes No

2. Are all products distributed or retailed by Applicant in compliance with packaging, labeling, and testing laws, to the best of Applicant's knowledge? Yes No

3. For distribution operations: N/A
(a) Does Applicant distribute only its own products? Yes No
(b) Does Applicant distribute third party products for hire? Yes No

Section G – Security Guard Information (Required for Applicants seeking Security Guard coverage)

Check box to elect Security Guard Coverage (California Only)

1. Does Applicant have security guards on premises? Yes No
(a) Are Applicant's security guards state certified? Yes No
(b) Are Applicant's security guards employees? Yes No
(c) Does Applicant subcontract its security guards from a security firm? Yes No
If yes, is Applicant named as Additional Insured on guard service's General Liability Policy? Yes No
If yes, what are the required minimum General Liability limits of guard service's? \$ _____

2. If Applicant has security guards, are the guards armed? Yes No

3. What is Applicant's annual cost to employ/subcontract its security guards? \$ _____

Products List (Required for All Applicants)

List any and all products Applicant cultivates, processes, manufactures, tests, dispenses, retails, sells, or otherwise handles through its licensed operations:

- Oils and Concentrates
- Flower
- Pre-rolls
- Edibles
- Topicals
- Non-cannabis accessories
- Other:

<< Signatures on Next Page >>

EXECUTION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.

COMPLIANCE: I represent and warrant that Applicant, and any principal, partner, owner, officer, director, employee, manager or managing member thereof or any subsidiary, or affiliated organization is in compliance with all local and state laws and regulations regarding the cultivation, processing, manufacturing, testing, handling, shipping, dispensing, sale, and control of cannabis.

 **Applicant Signature:** _____ **Title:** _____ **Date:** _____

I, **the Undersigned Authorized Representative of the Applicant**, understand and agree that this Application and any other Supplemental Materials, including, but not limited to financial statements, information, documents, and forms provided in support of this Application, such Supplemental Materials provided being incorporated herein by reference, will be relied upon for issuance of any insurance policy. I further understand and agree that failure to provide true and accurate responses and information in this Application and to provide true and accurate Supplemental Materials as requested may, at the option of **Continental Heritage Insurance Company ("Company")**, result in the voiding and/or termination of the Application and any insurance issued in reliance on this Application and/or denial of claims under any policy issued.

The representations contained in this Application, and all other Supplemental Materials provided are warranted by Applicant to be true and accurate. Such representations are made as material inducements to be relied upon by Company and its authorized representative(s) in issuing the requested insurance.

I, **the Undersigned Authorized Representative of the Applicant**, understand and agree that I have an ongoing duty to provide Insurer with notice of and to disclose any investigations or circumstances that may lead to an investigation that arise during the policy period and/or that is likely to result in a claim(s) during the policy period.

FRAUD STATEMENT:

General: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.


Washington Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



IN WITNESS WHEREOF, the undersigned have executed this Application on this _____ day of _____, _____.
Day Month Year

Name of Applicant Firm Requested Effective Date

 _____
Authorized Representative Signature

 _____
Licensed Insurance Brokering Agent Signature

Printed Name of Authorized Representative

Printed Name of Licensed Insurance Brokering Agent

Position with Applicant

Name of Appointed Insurance Brokerage

Schedule 1: Additional Insured

Please complete this Schedule for **each Additional Insured** requested. *Make copies and attach as necessary.*

Licensed Location: _____	AI Legal Name: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
General Liability Coverage AI Type: <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
Product Liability Coverage AI Type: <input type="checkbox"/> Vendor	
Applicant's Products (AI Vendor Only):	

Licensed Location: _____	AI Legal Name: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
General Liability Coverage AI Type: <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
Product Liability Coverage AI Type: <input type="checkbox"/> Vendor	
Applicant's Products (AI Vendor Only):	

Licensed Location: _____	AI Legal Name: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
General Liability Coverage AI Type: <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
Product Liability Coverage AI Type: <input type="checkbox"/> Vendor	
Applicant's Products (AI Vendor Only):	

Licensed Location: _____	AI Legal Name: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
General Liability Coverage AI Type: <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
Product Liability Coverage AI Type: <input type="checkbox"/> Vendor	
Applicant's Products (AI Vendor Only):	

Licensed Location: _____	AI Legal Name: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
General Liability Coverage AI Type: <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Mortgagee, Assignee or Receiver <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> State or Governmental Agency <input type="checkbox"/> Grantor of Franchise	
Product Liability Coverage AI Type: <input type="checkbox"/> Vendor	
Applicant's Products (AI Vendor Only):	

STATEMENT OF NO LOSS

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM FROM 12:01 AM ON

TO

DATE OPERATIONS COMMENCED DATE AND TIME SIGNED

APPLICANT NAME

SIGNED BY (Print Name & Title)

SIGNATURE

WITNESS SIGNATURE

DATE AND TIME

SUPPLEMENTAL PAGES

Use the Supplemental Page(s) to provide additional information. *Make copies and attach as necessary.*

For Subsidiary Information, include each subsidiary, its operations, and projected revenue.

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		

Section:		Question Number:
Additional Information/Details:		