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# Cannabis Insurance Application

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

**APPLICATION FORMS PART OF THE POLICY**

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this application, including any additional information provided, all will attach to and form part of the policy that is issued.

**Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.**

**Applicant Type:**

- ACMPR (Part 1) Licensed Producers / Commercial Growers
- ACMPR (Part 2) Grower (Personal and/or Designated Grower) Previously MMAR
- Building Owner/Landlord
- Dispensary (Retail)
- Other \_\_\_\_\_

**Section 1 – Applicant Information:**

Named Insured (as it should appear on the policy): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Additional Insured(s): \_\_\_\_\_

Health Canada License Number (Please attach a copy): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Risk Location(s):

Location(s)	Address	Postal Code

Operations Description: \_\_\_\_\_

Length of Time in Business: \_\_\_\_\_

Current Insurer: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Target Premium:   Liability:   \$ \_\_\_\_\_  
                           Property:   \$ \_\_\_\_\_  
                           Other:       \$ \_\_\_\_\_

Previous Claims and Loss History

Date	Type of	Status	Payment
			\$
			\$
			\$

The compensation and submission of this application to the Company does not constitute a promise to provide coverage or a binder of insurance.

## Section 2 - Property Underwriting Information

*Construction Details (for risks with more than 2 locations please provide details separately)*

### Location #1:

Building Type: \_\_\_\_\_ Building Age: \_\_\_\_\_

Construction Type:

- Exterior Walls:  Wood  Non-combustible  
 Sliding:  Wood  Brick  Vinyl  
 Floors:  Wood  Non-combustible  
 Roof:  Wood  Non-combustible  Tar & Gravel  Shake

Do you own the building?  Yes  No # of stories: \_\_\_\_\_  
 Total Area: \_\_\_\_\_ Sq. Ft. Detached:  Yes  No

Building Condition: \_\_\_\_\_  
 Percentage (%) of Location with Sprinklers: \_\_\_\_\_%  
 Hydrant Protected: \_\_\_\_\_  
 Distance to Fire Hall: \_\_\_\_\_

Size and Description of Vault: \_\_\_\_\_  
 Type Class of Vault (Minimum 800lbs. \*If safe is under 2000lb, must be bolted to floor): \_\_\_\_\_

Presence of:  Vacuum  Oven  Centrifuge  Distillation  Column  Roto Vaps  
 Electrical Backup System:  Yes  No

Updates:

Plumbing	
Heating	
Electrical	
Roof	
Watering System	

### Location #2:

Building Type: \_\_\_\_\_ Building Age: \_\_\_\_\_

Construction Type:

- Exterior Walls:  Wood  Non-combustible  
 Sliding:  Wood  Brick  Vinyl  
 Floors:  Wood  Non-combustible  
 Roof:  Wood  Non-combustible  Tar & Gravel  Shake

Do you own the building?  Yes  No # of stories: \_\_\_\_\_

Total Area: \_\_\_\_\_ Sq. Ft. Detached:  Yes  No

Building Condition: \_\_\_\_\_  
 Percentage (%) of Location with Sprinklers: \_\_\_\_\_%  
 Hydrant Protected: \_\_\_\_\_  
 Distance to Fire Hall: \_\_\_\_\_

Size and Description of Vault: \_\_\_\_\_  
 Type Class of Vault (Minimum 800lbs. \*If safe is under 2000lb, must be bolted to floor): \_\_\_\_\_

Presence of:

- Vacuum
- Centrifuge
- Column
- Oven
- Distillation
- Roto Vaps
- Electrical Backup System:  Yes  No

Updates:

Plumbing	
Heating	
Electrical	
Roof	
Watering System	

Describe the procedures, processes, or practices of the business (ie. Manufacturer, processor, indoor grow, outdoor grow, retail, dispensary, lab, and delivery).

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Growing Method: \_\_\_\_\_

Occupancy Details:

	Location #1	Location #2
Occupancy by insured		
Occupancy by others		
If others occupy – explain separation		
Is insured owner or tenant		
Is there oil extraction done at this location? (co <sup>2</sup> , organic solvents, butane, etc.)		
Is the nature of the business advertised on the outside of the building?		

Mortgages/Loss Payees (Name and Address):

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### Section 3 – Security Details

Select:

- Monitored Fire Alarm
- Monitored Burglar Alarm
- Interior Video Cameras
- Security Guards
- Door Greeter/ID Validation
- Gated Windows
- Fencing
- Exterior Video Cameras
- Gated Doors
- Hold-Up/Panic Button

- Are guards and/or greeters employees?  Yes  No
- If No, do independent contractors carry their own insurance?  Yes  No
- Does the applicant require COI from contractors?  Yes  No
- Are there any firearms on the premises?  Yes  No

- Does the applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?  Yes  No
- Are employees instructed to cooperate and obey robber’s instructions?  Yes  No

## Section 4 – Property Coverage

### Property of Every Description

Broad Form Coverage

Total Insurance Values: \$ \_\_\_\_\_

Co-Insurance: \_\_\_\_\_%

IBC By-Laws Endorsement

Floor and Earthquake Coverage

### Basis of Settlement

Replacement Cost

Actual Cash Value

### Deductible

\$ \_\_\_\_\_

Property Deductible

\$ 5,000

Sewer Backup Deductible

\$ 25,000

Floor Deductible

5% Min or \$100,000

Earthquake Deductible

### POED Breakdown

	Location #1	Location #2
Building	\$	\$
Stock	\$	\$
Equipment	\$	\$
Office Contents	\$	\$
Tenant Improvements	\$	\$
Other: _____		
Other: _____		
<b>Total</b>	<b>\$</b>	<b>\$</b>

### Business Interruption

	Location #1	Location #2
<input type="checkbox"/> Profits <ul style="list-style-type: none"> <li>• _____ Period of Indemnity</li> <li>• _____ Co-Insurance</li> </ul>		
<input type="checkbox"/> Gross Earnings <ul style="list-style-type: none"> <li>• 180 Day Ordinary Payroll</li> </ul>		
Gross Rents <ul style="list-style-type: none"> <li>• 100% Co-Insurance</li> </ul>		
Extra Expense <ul style="list-style-type: none"> <li>• 100% First 30 Days</li> </ul>		
Contingent Business Interruption		
<input type="checkbox"/> Supplier <input type="checkbox"/> Customer		

### Extension Limit

Accounts Receivable	\$
Valuable Papers	\$
Professional Fees	\$
Sign Floater	\$
Sewer Backup	\$
Consequential Loss	\$
Off Premises Power	\$
Other: _____	\$
Other: _____	\$

### Contractors Equipment Floater

Broad Form Coverage

\$ \_\_\_\_\_

Replacement Cost

Actual Cash Value

90% Co-Insurance  
 Deductible  
 Leased or Borrowed Equipment \$ \_\_\_\_\_  
 Rental Reimbursement \$ \_\_\_\_\_

- Please include Contractors Equipment Schedule

**Tool Floater**

Broad Form Coverage \$ \_\_\_\_\_  
 • Actual Cash Value  
 • 90% Co-Insurance  
 • \$1,000 Deductible

**Installation Floater**

Broad Form Coverage	\$ _____	Annual Value of Installations	\$ _____
In Transit Limit	\$ _____	Average Value of Installations	\$ _____
Temporary Locations Limit	\$ _____	Maximum Value of Installations	\$ _____
100% Co-Insurance Deductible	\$ _____		

**Boiler and Machinery**

	Location #1	Location #2
Standard Comprehensive Form		
<input type="checkbox"/> Including Production Machinery		
<input type="checkbox"/> Excluding Production Machinery		
Consequential Loss		
Deductible	\$ _____	\$ _____

**Section 5 – Liability Underwriting Information**

**Commercial General Liability – Requirements Limits**

Public/Premises Liability Limit: \$ \_\_\_\_\_  
 Products Liability Limit: \$ \_\_\_\_\_  
 Please provide Retroactive Date and Limit for current cover: \_\_\_\_\_  
 Request Deductible: \$ \_\_\_\_\_

**Experience in the Cannabis Market:**

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**Certifications, Associations – Etc.**

Is the applicant in compliance with all local laws regarding the growth, manufacturing, dispensing and or control of cannabis or cannabis containing products?

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Sales Breakdown:

Products/Operations/Services	Canadian	Other (Specify)
Annual gross receipts from cannabis (Leaves, buds, flower and trim)	\$	\$
Annual gross receipts from infused products (baked goods, candies, food or drink)	\$	\$
Annual gross receipts from cannabis oil cartridges or concentrates intended to be used with vaporizers	\$	\$
Gross Receipts from: hemp products	\$	\$
Other:	\$	\$
<b>Total</b>	\$	\$

**Section 6 – Manufacturing & Processing Operations**

\*\*\* Please Complete for ACMPR (Part 1) Licensed Producers / Commercial Growers

Please supply a complete list of products manufactured or produced:

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Growing Facility Information:

- a) Does the applicant grow any cannabis that is intended to be distributed for recreational purpose?  Yes  No
  - If so, what % of revenue? \_\_\_\_\_%
- b) Does the applicant maintain separate records for medical and recreational purposes?  Yes  No
- c) Are there any cultivation activities outside the building?  Yes  No
  - If so, describe the premises: \_\_\_\_\_  
 Fenced     Gated     Locked-in Area
- d) What is the maximum number of plants on the premises at any one time? \_\_\_\_\_
- e) Are any cannabis products manufactured, mixed, labeled, and relabeled by the applicant including any and all related products?  Yes  No
- f) Date of last Health Canada inspection? \_\_\_\_\_
- g) Does the applicant use a third party testing laboratory to test their cannabis?  Yes  No
  - If Yes, do all the testing reports received from this lab indicate the following?
 

Products are not contaminated with pesticides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products are not contaminated by bacteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products are not contaminated by mold/fungus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Products are not contaminated by residual solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cannabinoid profiles? (THCA, delta8-THC, delta9-THC, CBDA, CBD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Terpene Profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  - If No, how does the applicant ensure product purity?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there Manufacturing and Processing Outside?

Yes  No      If Yes, approx. acres? \_\_\_\_\_

Will any of the Products Require Open Flame, Frying or Other Cooking Methods?

Yes  No      If Yes, please describe:

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What is the Highest Concentration (%) and Dosage (MG) of Active Cannabinoids per Serving Contained in the Applicant's Strongest (ie. the Highest Dosage) Product?

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Please Provide the Product Name, Concentration (%) and Dosage (MG) of Active Cannabinoids per Serving:

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Does the Applicant Actually Produce the Individual Filled Cartridges for Vapor Pens?

Yes  No

If Yes, please provide a copy of the applicant's labeling and packaging for the cartridges evidencing warnings and disclaimers.

Are all Cannabis Containing Products Manufactured and Distributed by the Applicant Sold in Child Proof Packaging or Containers?

Yes  No

Has the Applicant Consulted with an Attorney to Determine that their Labeling Includes: Warning, Disclaimers, Notification of Contradictions and Listing of Ingredients?  Yes  No

Does the Applicant have a Written Products Recall Plan?  Yes  No

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Authorized Representative)

This is an application only and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided is true. Information gathered will be used for the sole purpose of obtaining Insurance Coverage. The applicant, where applicable, confirms all operations are within accordance of the ACMPR as set out by Health Canada.

**Additional Notes:**

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