



Product recall insurance – Canadian licensed marijuana Proposal form

1) Company details

Name of company and all subsidiary companies to be insured under this policy:

Company mailing address:

Main contact name:

Main contact phone number:

Main contact email address:

(Essential for response and pre incident)

Please provide a complete description of the business and operations of the Proposer and subsidiary companies:

2) Company annual sales

	Upcoming year	Current year	Last year
Gross annual revenue			

Total number of plants/facilities:

Largest plant/facility annual turnover:

No. of production lines or growing areas at largest plant/facility:

Provide sales split:

Medical: %	Recreational: %
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3) Health Canada Licenses

Current licenses:

- Cultivation Sales Analytical testing
 Processing Research Import/Export

Have you had any licenses declined, suspended or revoked?

Yes No

If Yes, please provide further details?

4) Please provide the following information for the top 3 selling products

Product type being insured	<input type="checkbox"/> Buds	<input type="checkbox"/> Mother plants	<input type="checkbox"/> Oils	Other (seeds, etc.) ...
Annual sales of product (in CAD)				
Max amount of product stored at drying location? (in CAD)				
Largest lot size of product grown in a location? (in CAD)				
Smallest value of traceable product sold? (in CAD)				



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5) Please provide the following information for your biggest customer

Customer name	Annual sales/contract size (in CAD)	Type of customer (e.g. retail, distributor, etc.)

6) Product Preparation and suppliers

Do you require the plants to be flushed before harvesting? Yes No

Do you have a documented flushing procedure for all products? Yes No
(If Yes, please provide a copy of flushing procedures as part of this submission)

Has the applicant agreed to limit liability or hold harmless any third party suppliers of any goods or services (e.g. packaging suppliers)? Yes No

If Yes, please provide details:

Are your products grown in an indoors controlled environment? Yes No

7) Recall preparedness

Do you have a recall plan? Yes No
(Please attach a copy of the most recent plan)

8) Claims history of the company

Products recalled due to an accidental contamination and/or malicious tampering in the last ten (10) years:

Reason for recall

Date of recall

Cost of recall

(Continue on separate sheet if necessary)

Does the company, its directors and officers, or any other person known to the Insured have knowledge or information regarding any specific fact which may reasonably give rise to a claim under the proposed policy? Yes No

9) Declaration

Signing this proposal does not bind the proposer to complete this insurance

For and on behalf of the company, I declare that: (i) the statements and particulars in this proposal are fairly presented, (ii) no material facts have been mis-stated or suppressed after enquiry, and (iii) such enquiry has entailed a reasonable search of the information available to the company. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed:

Title:

(To be signed by Chairman/Chief Executive or equivalent)

Company:

Date:

Please enclose with this form:

Recall manuals

Latest audit report

Crisis management plan

Plant flushing procedures