



Mid Valley General Agency LLC
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MARIJUANA GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate (coverage excluded if GL(S,H,I)-324s is attached)	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Deductible	\$

A. GENERAL INFORMATION

- 1. **Applicants tax status is:**..... For Profit Nonprofit
- 2. **Applicants operations are** (Check all that apply):
 Dispensary only Growing Facility only Dispensary and Growing Facility Other
- 3. **Year business started:** _____ **Years of experience in the Marijuana industry:** _____
- 4. **Actual annual gross revenue last twelve (12) months:**.....\$ _____
- 5. **Estimated annual gross revenue next twelve (12) months:**.....\$ _____
- 6. **Gross sales for edible food products containing marijuana/cannabis:**.....\$ _____
- 7. **Does applicant comply with all applicable state and local laws, statutes, rules, regulations, ordinances, licensing requirements or restrictions governing the dispensing of marijuana?**..... Yes No
- 8. **Does applicant dispense any drugs/marijuana products that are directly imported from outside the U.S.A.?**..... Yes No
If yes, provide details: _____
- 9. **Does applicant have any operations outside the U.S.A.?**..... Yes No
If yes, provide details: _____
- 10. **Does applicant provide internet or mail order services?** Yes No
- 11. **Is business owned or operated by a federal, state, county or city government?**..... Yes No
- 12. **Does applicant check to confirm that all purchasers/patients have a valid Photo Identification and prior to dispensing marijuana and/or marijuana containing products?** Yes No
- 13. **Are there any physicians on staff performing other than administrative duties?**..... Yes No
- 14. **Does applicant sell items other than marijuana, such as, pipes or vaporizers, growing equipment, lotions, clothing, vitamins, dietary, herbal and nutritional supplements, or pharmaceutical medicines, etc.?**..... Yes No
If yes, describe and provide estimated annual receipts for each category: _____

- 15. **Are any of the above items manufactured, labeled or relabeled by the applicant?** Yes No
If yes, describe: _____
 - a. Are these products tested and labeled to meet government and/or industry standards?..... Yes No
 - b. Is a written loss control program in effect?..... Yes No
 - c. Is there a written quality control procedure manual? Yes No
- 16. **Are any other services provided, such as massage, acupuncture, etc.?** Yes No
If yes, describe: _____

- 17. **Is all marijuana and marijuana containing products inventory and or stock, other than that on display or growing, kept in a locked safe?**..... Yes No
If yes, make and model of safe on premises: _____
 - Burglary rating of B1, B2, or B3 with security label less than TL-15 and/or not bolted to the floor.
 - Burglary rating of B4 or higher with security label of TL-15 or higher and bolted to the floor but less than ½ ton weight.

Burglary rating of B4 or higher with security label of TL-15 or higher and bolted to the floor and weight ½ ton or more.

Other (Describe): _____

18. Does applicant utilize employed security guards? Yes No

If yes, provide the following:

a. Number of Guards:..... _____

b. Annual Guard Payroll:\$ _____

19. Does applicant utilize contracted security guards? Yes No

If yes, provide the following:

a. Number of Guards:..... _____

b. Annual Contracted Cost:\$ _____

c. Does applicant obtain Certificate of Insurance and is applicant named as an Additional Insured? Yes No

20. Is applicant or any of the applicant's employees or contracted workers armed with any type of weapon? Yes No

If yes, are all permits and licensing requirements complied with? Yes No

21. Does applicant provide services to patients in physician's offices, jails, prisons or detention centers? Yes No

22. Does applicant have Workers' Compensation coverage in force? Yes No

If yes, total number of employees: _____

23. Does applicant have other business ventures for which coverage is not required? Yes No

If yes, describe operation and advise where insured: _____

24. Does applicant own or operate a non-marijuana pharmacy?..... Yes No

25. Is applicant or person holding majority ownership in operations a physician? Yes No

26. During the past five years, have any claims been made or suits brought against the applicant because of alleged malpractice, error, mistake or premises accident arising in any manner out of applicant's operation?..... Yes No

If yes, date:..... _____

Please explain: _____

27. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri)..... Yes No

If yes, explain: _____

28. Additional Insured Information:

Name	Address	Interest

29. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium	\$	\$	\$

30. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years..... <input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

B. DISPENSARIES

1. Indicate days/hours that dispensary is open: _____
2. Is the nature of the applicant’s business advertised on the outside of the building? Yes No
3. Does applicant occupy the entire building?..... Yes No
If no, describe security measures to avoid unauthorized entry from other areas of building: _____
4. Is applicant a “Covered Entity” under HIPAA? Yes No
If yes, provide the following:
 - a. Do the applicant’s procedures comply with the HIPAA Privacy Rule?..... Yes No
 - b. Provide name and title of the Applicant’s Privacy Officer: _____
5. How does applicant display marijuana products? _____
If in showcases, are showcases locked except when pulling stock? Yes No
6. What percentage of total stock is on display during business hours? _____%
7. Indicate maximum amount of usable finished stock marijuana on premises at any one time: _____
8. Does applicant dispense drugs or pharmaceutical medicine other than marijuana?..... Yes No
9. Indicate below how the dispensary obtains marijuana stock by percentage of total stock:

Self grown _____% Vendors/Wholesalers _____% Caregivers..... _____%

Other (Describe): _____
10. Does applicant use a marijuana classification system to assist patients in identifying different plant traits, such as, strength, type, flavor and density? Yes No

11. What is the highest level of THC dispensed? _____
12. Does applicant's dispensary:
- a. Maintain a ledger with the quantity of marijuana dispensed per transaction?..... Yes No
 - b. Record the type and source of the marijuana dispensed?..... Yes No
 - c. Record the amount paid by the patient for goods and services received? Yes No
 - d. Record the date and time dispensed?..... Yes No
13. Does applicant request police records and conduct background checks on:
- a. Employees?..... Yes No
 - b. Volunteers (who have access to marijuana stock)?..... Yes No
14. Does applicant have a formal written security procedure plan or manual?..... Yes No
- a. If yes, does it include what to do in the event of robbery or break-in?..... Yes No
 - b. Are all employees provided training on security procedures that apply during daily opening and closing operations? Yes No
15. Is on-site usage or consumption of marijuana permitted?..... Yes No
- If yes, provide the following:
- a. Percentage of total sales for smoked or vaporized marijuana consumed on premises:..... _____%
 - b. Percentage of total sales for edible or beverage infused marijuana products consumed on premises:..... _____%
 - c. Does the applicant subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? Yes No
16. Does applicant provide a delivery service?..... Yes No
17. Gross sales of electronic/vapor cigarettes:.....\$_____

C. GROWING FACILITIES

1. Has the facility been inspected by a licensed electrician who has provided written confirmation that the wiring and power supply are acceptable and safe for the applicant's grow operations?..... Yes No
2. Is the growing facility in the same building as the dispensary?..... Yes No
3. Square footage of the grow area only: _____
4. Total number of plants at the growing facility: _____
5. Where is growing done?
- Indoor Outdoor Enclosed Greenhouses
 - Other (Describe): _____
6. If grown within buildings:
- a. Growing operations performed (Check all that apply):
 - Ground Floor Level—No Basement Basement First Floor Above First Floor
 - b. Does applicant use flow meters or water timers to prevent flooding?..... Yes No
7. Indicate method of growing (Check all that apply):
- In soil In soil/containers Aeroponics Hydroponics
 - Other (Describe): _____

8. Indicate maximum number of plants, seeds, and pounds of harvested and finished stock per location:

No.	Location No. 1	Location No. 2	Location No. 3
Seeds (No.):			
Immature Plants (No.):			
Flowering Plants (No.):			
Harvested Plant Material (lbs):			
Finished Stock (lbs):			

9. Estimated number of times per year that a mature plant will be harvested: _____

10. Average dried finished stock yield of harvested marijuana per plant: _____ Ounces

11. Average wholesale price per ounce of marijuana: _____ \$

Retail Price: _____ \$

12. Is laboratory testing performed on finished marijuana stock? Yes No

If yes, percentage of finished stock that is tested: _____ %

D. CAREGIVERS

1. Number of patients for which applicant is designated primary or alternate caregiver: _____

2. Maximum number of patients, within the state of applicant's operations, that is permitted: _____

3. How does applicant obtain marijuana?

Other Caregivers Vendors/Wholesalers Grow themselves

Other (Describe): _____

4. Is applicant a licensed physician or have a professional medical degree? Yes No

5. Are services provided to patients in clinics, hospitals, hospice, or convalescent/nursing/ACLF homes? Yes No

a. Is applicant hired directly by the patient or patient's guardian? Yes No

b. Is applicant hired directly by the facility? Yes No

6. What does applicant do with excess marijuana stock? _____

7. Does applicant provide services/treatment on his/her own premises? Yes No

8. Does applicant use their own vehicle to transport patients? Yes No

9. Has applicant ever been convicted of a felony or any crime involving illegal drugs? Yes No

10. Explain arrangement for medical emergencies (i.e., M.D. on call, transfer arrangement with hospital, etc.):

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.