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**CANNABIS/HEMP
 CULTIVATION/GROWING
 FACILITY**

Proposed effective date: _____ When is the quote needed by?: _____

Are you working with an agent/broker? Yes No

Producer name: _____ Producer phone number: _____

Producer e-mail: _____

A. General Information

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Business telephone number: _____ Fax: _____

Do you have more than one location? Yes No

Physical address of business if different: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No

Date business started: _____ Years in business: _____

Please list the business owners and decision makers involved in the business:

| Name | Role | Contact Number | E-mail Address |
|------|------|----------------|----------------|
| | | | |
| | | | |
| | | | |

Annual payroll: \$ _____ Annual gross receipts: \$ _____

Does the insured have any contract requirements? (If yes, please attach a copy) Yes No

B. Insurance History

Why is the insured seeking new coverage?: _____

What is the target premium?: _____

Is the current insurance carrier offering a renewal quote? Yes No

If yes, please provide the premium offered: _____ If no, explain: _____

Current coverage/company information:

| | | | |
|----------------|----|----|----|
| Company name | | | |
| Coverage | | | |
| Limits | | | |
| Annual premium | \$ | \$ | \$ |

Provide names for all insurance companies that have provided applicant insurance for the last three years:

| | | | |
|-----------------|----|----|----|
| Company name | | | |
| Expiration date | | | |
| Annual premium | \$ | \$ | \$ |
| Limits | | | |
| Coverage type | | | |

Are any other markets offering coverage? Yes No

If no, please explain: _____

If yes, please provide limits, coverage and premium: _____

Has the applicant or any predecessor ever had a claim? Yes No

| Policy term | | Paid claims | Reserved claims | Total incurred claims |
|-------------|-----|-------------|-----------------|-----------------------|
| From | To | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |

Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier? Yes No

If yes, please explain: _____

Crop Coverage Table

| Type of Plants (seed, seedlings, clones) | Number of Acres | Number of Plants per Acres x | Value per Plant = | Total |
|---|-----------------|------------------------------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |

| Location # | Year Built | Square Footage | # of Stories | Age of Roof | Roof Type | Construction | PC Class |
|------------|------------|----------------|--------------|-------------|-----------|--------------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Provide building upgrades for locations over 20 years old, detail any renovation plans for the next year

Is this location fully open and operational? Yes No

If no, when do you expect this location to be open and fully operational? _____

What are the operations at this location: Manufacturer Processor Cultivation Retail/Dispensary
 Lab Delivery Distribution Other: _____

Is there any oil extraction done at this location? Yes No

If "Yes", what method is used? CO2 Butane Propane Other: _____

Are there fire suppression or sprinkler systems? Yes No

Does the applicant have an approved safe for secure product storage? Yes No
(Minimum safe requirement: 800 lbs. with a 1-hour fire rating; under 2000 lbs. must be bolted to the ground)

Does the application have a vault room? Yes No

Is there a vacuum oven, centrifuge, distillation column and/or rotovap in the building? Yes No

Is there an electrical back up system? Yes No

How are the plants watered? _____

E. Risk Management

Please supply complete list of all products manufactured or processed by applicant.

Are cannabis/hemp cultivation areas located: Indoor Outdoor Greenhouse

If indoors, estimated number of plants per grow house/green house: _____

If outdoors, provide the approx. size of the processing area in acres: _____

Estimated number of plants per acre: _____

If cultivation area is located outdoors, is the area surrounded by fencing? Yes No

Please describe fence: _____

If electric fencing or barbed/razor are used, are warning signs posted? Yes No

Is the fenced area locked at all times? Yes No

Are there locked gates at all entrances to the property and/or growing areas? Yes No

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: _____

Will your operations include extraction of cannabis oils?

Yes No

Does applicant maintain a ledger with a record of the quantity of cannabis/hemp or product dispensed in each transaction, the type and source of the product dispensed, total amount paid by customer for all goods and services provided, and the date and time dispensed?

Yes No

Does applicant maintain separate records for medical and recreational products?

Yes No

Is any product contain manufactured, mixed, labeled, or relabeled by the applicant?

Yes No

If yes, products liability application must be completed (if coverage is desired).

Does applicant use a 3rd party testing lab to test all 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? _____

Does applicant have a quality assurance plan in place?

Yes No

If yes, please describe: _____

Do any products, ingredients, or components originate from outside the United States?

Yes No

Specify what products are imported: _____

Are imported products and components tested for contamination and verified that they match what was ordered?

Yes No

Does applicant have a formal written product recall plan?

Yes No

If yes, please provide or describe: _____

Manufacturing/Cooking

Does applicant manufacture/cook any products?

Yes No

If yes, answer the below questions. If no, skip to next section.

Where does manufacturing take place?

Indoors Outdoors

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

Will there be open flame cooking and/or fryer operations?

Yes No

If yes, what products? _____

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: _____

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: _____

Are any onsite consumption of cannabis/hemp products permitted?

Yes No

If yes, please explain: _____

Premises / Property Questions:

Describe area in which the building is located in (i.e.: residential, commercial, industrial, etc.):

Is the nature of this business advertised on outside of the building? Yes No

Does applicant offer delivery services? Yes No

If yes, how many per year? _____

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

Does anyone live or reside in this property? Yes No

If yes, describe occupancy: _____

If yes, is a separate homeowners insurance policy in place? Yes No

Do the premises have a security system in place? Yes No

If yes, please describe in detail: _____

Are all windows and doors connected to a security system? Yes No

Are all alarm systems fully operational during non-business hours? Yes No

Are there firearms on property? Yes No

If yes, please list safety protocol and where firearm is stored: _____

Does applicant have interior and exterior cameras? Yes No

If yes, how long is footage retained? _____

Does applicant have a buzz-in system or security at door? Yes No

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: _____

Has any principal, owner, officer, director, manager or managing member or employee been convicted of a felony or DUI in the last 10 years? Yes No

If yes, please explain in detail: _____

Is the applicant in compliance with all local & state laws regarding the manufacture, control, and dispensing of cannabis? Yes No

If yes, please explain in detail: _____

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