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## DISPENSARY APPLICATION

### A. General Information

Proposed effective date: \_\_\_\_\_

1. Applicant's name: \_\_\_\_\_
2. Applicant's mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. E-mail: \_\_\_\_\_ County: \_\_\_\_\_
5. Business telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Physical location of business (if different): \_\_\_\_\_  
Population within 50 miles: \_\_\_\_\_
7. Other locations used:  
Physical address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Please list any other name(s) the business is or has been known by: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_ Relationship to business: \_\_\_\_\_  
Producer name: \_\_\_\_\_ Producer phone number: \_\_\_\_\_  
Producer email: \_\_\_\_\_
9. Applicant is a(n):  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
10. Is this a new business?  Yes  No  
If no, how many years have you been in business? \_\_\_\_\_  
If yes, how many years' experience in this industry? \_\_\_\_\_  
Please describe experience in detail: \_\_\_\_\_  
\_\_\_\_\_
11. Detailed description of business activities (specifically, and by location): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is Applicant a member of any cannabis/marijuana trade associations?  Yes  No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
13. Please list the business owners, principals, managing members and managers of the business applying for insurance and identify how many years' experience the owner(s) has in this type of business: \_\_\_\_\_  
\_\_\_\_\_
14. Annual payroll: \$ \_\_\_\_\_ Total number of employees: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

15. Does your company have a position dedicated to dealing with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please describe: \_\_\_\_\_

**B. Insurance History**

1. Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_
2. Provide name(s) for all insurance companies that have provided you insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Other Insurance:			

3. Has the Applicant or any predecessor ever had a claim?  Yes  No  
 If yes, attach a five-year loss/claims history, including details. (REQUIRED)
4. Have you had any incident, event, occurrence, loss, or Wrongful Act, which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

\_\_\_\_\_

6. Has any principal, owner, officer, director, manager or managing member or employee ever been convicted of a felony or DUI in the last 10 years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Desired Insurance**

Per Act/Aggregate                      OR                      Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$500,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**D. Business Activities and Gross Receipts: (check all that apply and answer question below)**

- Cultivation / Growing:           % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Processor of Marijuana:           % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Manufacturers & Contractors: % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Recreational Retail:               % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Medical Marijuana Retail:       % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Smoke Shop                           % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_
- Cannabis Wholesale/ Broker   % of Total Gross Receipts \_\_\_\_\_ \$ \_\_\_\_\_

1. Please list total annual gross receipts: \$ \_\_\_\_\_

CLASSIFICATION	DESCRIPTION	ADDRESS
General Liability		
Manufacturing/Cooking - Products Liability (need separate application)		
Commercial Property (Building and Contents) (needs separate application)		
Crop Cultivation (need separate application)		

- 2. How much of your inventory is displayed to customers? \_\_\_\_\_
- 3. What type of product is sold in the store? \_\_\_\_\_
- 4. Is any on site consumption of marijuana or marijuana products permitted?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 5. Does Applicant offer delivery services?  Yes  No  
If yes, how many per year? \_\_\_\_\_
- 6. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the strongest product?
  - a. Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving: \_\_\_\_\_
- 7. Does Applicant maintain a ledger with a record of the quantity of marijuana or marijuana product dispensed in each transaction, the type and source of the marijuana dispensed, total amount paid by customer for all goods and services provided, and the date and time dispensed?  Yes  No  
If no, please explain: \_\_\_\_\_
- 8. Does Applicant maintain separate records or medical and recreational marijuana products?  Yes  No
- 9. Does Applicant grow medical or recreational marijuana or are other plants on premises?  Yes  No

**E. Manufacturing/Cooking**

1. Does Applicant manufacture/cook any products?  Yes  No  
If yes, answer the below questions. If no, skip to next section.
  - a. Where does manufacturing take place?  Premises  Other: \_\_\_\_\_  
 Indoors  Outdoors
    - i. If outdoors, provide the approx. size of the processing area in acres: \_\_\_\_\_
2. 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
3. Does Applicant have a quality assurance plan in place?  Yes  No  
If yes, please describe: \_\_\_\_\_
4. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the Applicant?  
 Yes  No If yes, products liability application must be completed (if coverage is desired).
5. Do any products, ingredients, or components originate from outside the United States?  Yes  No
  - a. Specify which products are imported and where from: \_\_\_\_\_  
\_\_\_\_\_
  - b. Are imported products and components tested for contamination and verified that they match what was ordered?  Yes  No
6. 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: \_\_\_\_\_
7. 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: \_\_\_\_\_
8. Does Applicant use a 3<sup>rd</sup> party testing lab to test their marijuana containing products?  Yes  No  
If yes, please explain what is specifically tested for: \_\_\_\_\_  
If no, how does Applicant ensure product purity?: \_\_\_\_\_
9. Will your operations include extraction of cannabis oils?  Yes  No  
If yes, what extraction method is used?: \_\_\_\_\_

**F. Premises / Property Questions:**

1. Does Applicant own the building?  Yes  No
2. Year building was built: \_\_\_\_\_ How many building/structures at this location?: \_\_\_\_\_
3. Square footage of building Applicant occupies: \_\_\_\_\_
4. Are there fully operational fire sprinklers?  Yes  No
5. Describe area in which the building is located in (ie: residential, commercial, industrial, etc.):  
\_\_\_\_\_
6. Is the nature of this business advertised on outside of the building?  Yes  No

7. 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
8. Does anyone live or reside on this property?  Yes  No  
 If yes, describe occupancy: \_\_\_\_\_  
 If yes, is a separate homeowners insurance policy in place?  Yes  No
9. Do the premises have a security system in place?  Yes  No  
 If yes, please describe in detail: \_\_\_\_\_
10. Are all windows and doors connected to security system?  Yes  No
11. Are all alarm systems fully operational during non-business hours?  Yes  No  
 If no, please list in detail: \_\_\_\_\_
12. Are there firearms on property?  Yes  No  
 If yes, please list safety protocol and where firearm is stored: \_\_\_\_\_  
 \_\_\_\_\_
13. Does Applicant have an approved safe?  Yes  No
14. Does Applicant have a vaulted room?  Yes  No
15. Does Applicant have interior and exterior cameras?  Yes  No  
 If yes, how long is footage retained?: \_\_\_\_\_
16. Does Applicant have a "buzz in" system or security at door?: \_\_\_\_\_

**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