Complete with CWCO-SUP-CORE and ACORD 125/126/140. Attach copies of all state cannabis licenses and 5 years of loss runs. A physical premises inspection is a condition of coverage and must occur with

APPLICANT NAME	DBA (ALL THAT APPLY)	EFFECTIVE DATE	DATE NEEDED BY

MAILING ADDRESS	CITY / STATE / ZIP	BUSINESS / CORPORATE FORM

YEARS IN BUSINESS	IF LESS THAN 1 YEAR — PRIOR EXPERIENCE

PRIMARY BUSINESS ADDRESS	STATE LICENSE NUMBER	LICENSE TYPE	NUMBER OF ADDITIONAL LOCATIONS

INSPECTION CONTACT / PHONE / EMAIL	PRIOR CARRIER / EXPIRING PREMIUM

A FINANCIALS & REVENUE MIX

PERIOD	TOTAL GROSS SALES ($)	TOTAL PAYROLL ($)

Complete rows for: upcoming year (estimate), current year, and first prior year.

OPERATION TYPE	UPCOMING YEAR — % OF GROSS SALES	CURRENT YEAR — % OF GROSS SALES

Operations (should total 100%): dispensary — storefront; dispensary — delivery; cultivation — indoor; cultivation — greenhouse; cultivation — outdoor; manufacturer; distribution; consumption lounge; testi

PRODUCT TYPE	UPCOMING YEAR — %	CURRENT YEAR — %

Manufacturers and distributors only — should total 100%: cannabis flower (bulk); cannabis flower (under your label); pre-rolls; topicals; edibles (≤10mg THC/package); edibles (10–100mg); edibles (over 10

B GENERAL LIABILITY

B1 Does the applicant hire on-premises security guards? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes — security is:

☐ Employees ☐ Subcontracted third party

THIRD-PARTY SECURITY COMPANY NAME	ARE GUARDS POSTED ON-SITE 24/7/365?

B2 Does the security contract hold the applicant harmless for the negligence of its guards? ☐ Yes ☐ No

B3 Does the security contractor's General Liability policy name the applicant as Additional Insured? ☐ Yes ☐ No

NUMBER OF EMPLOYEES	ARE BACKGROUND CHECKS RUN ON ALL EMPLOYEES?	DOES APPLICANT ALLOW ON-SITE CONSUMPTION?

B4 Are you aware of any claims, losses, demands, or suits that could give rise to a claim in the past five years? ☐ Yes ☐ No

IF YES, EXPLAIN

C PRODUCTS LIABILITY

CURRENT RETROACTIVE DATE	DOES APPLICANT SHIP CANNABIS PRODUCTS ACROSS STATE LINES?

C1 Does the applicant manufacture, distribute, or sell vaping devices (vape pens, e-cigarettes, vaporizers) or component parts including batteries or chargers? ☐ Yes ☐ No

IF YES, EXPLAIN

C2 If yes — are these products sourced from a U.S.-based distributor? ☐ Yes ☐ No

IF YES, EXPLAIN

C3 Does the distributor contract hold the applicant harmless and require the distributor's policy to name the applicant as Additional Insured? ☐ Yes ☐ No

C4 Does the applicant ever import vape components from abroad? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to C4, list the countries of origin in the explanation field.

C5 Does the applicant engage in white-labeling or contract manufacturing operations? ☐ Yes ☐ No

IF YES, EXPLAIN

C6 If contract manufacturing is used, does the manufacturing contract require the applicant be named Additional Insured? ☐ Yes ☐ No

D PROPERTY

Complete for the primary location. For multiple locations, attach a separate Statement of Values worksheet per location.

NUMBER OF BUSINESS LOCATIONS TO BE COVERED	REQUESTED DEDUCTIBLE

Requested deductible:

☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000

COVERAGE	EXPOSURE VALUE ($)	COINSURANCE %

Complete rows for: building; business personal property (excludes cannabis stock, includes TIB); cannabis stock (seed to shelf); business income / extra expense; rental values.

CONSTRUCTION TYPE	YEAR BUILT	SPRINKLERED?	SQUARE FOOTAGE

WIRING (YEAR UPDATED)	HVAC (YEAR UPDATED)	ROOF (YEAR UPDATED)	PLUMBING (YEAR UPDATED)

D1 Does the applicant own the building? ☐ Yes ☐ No

IF YES, EXPLAIN

If no to D1, state in the explanation field whether there is a contractual obligation to insure the building.

D2 Are any locations currently vacant or undergoing renovations, or will any be vacant, closed, or under renovation in the next 18 months? ☐ Yes ☐ No

IF YES, EXPLAIN

E ALARM & SECURITY

E1 Does the location have a central station alarm, monitored 24/7/365? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Is applicant aware of any alarm system failure or malfunction within the last year? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Does the alarm company maintain the system to assure reliable working order? ☐ Yes ☐ No

CENTRAL STATION ALARM COMPANY	ANNUAL COST OF CENTRAL STATION ALARM ($)	ESTIMATED POLICE/SECURITY RESPONSE TIME (MINUTES)

E4 Does the alarm system have interior motion sensors, and does it monitor all exterior points of entry? ☐ Yes ☐ No

E5 Is the alarm on at all times the business is closed, and does triggering it prompt an emergency call to police? ☐ Yes ☐ No

E6 Does the trigger of the alarm produce a loud siren or alarming noise audible outside the building? ☐ Yes ☐ No

E7 Does the applicant have video surveillance of the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

Video surveillance coverage (check all that apply):

☐ 24-hour continuous video
☐ Interior surveillance
☐ Exterior perimeter surveillance
☐ Facial capture at all points of ingress

HOW LONG IS VIDEO RETAINED?	ANNUAL COST OF VIDEO MONITORING, IF SEPARATE ($)

F CULTIVATION & MANUFACTURING

F1 Does the applicant cultivate, or plan to cultivate, cannabis in the next year? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to F1, a cultivation supplement must be completed prior to binding.

F2 Does the applicant manufacture any cannabis products other than packaged flower or pre-rolls? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to F2, a manufacturing supplement must be completed prior to binding.

F3 Were all electrical, plumbing, irrigation and fire suppression systems installed by a licensed contractor with General Liability limits of at least $1,000,000? ☐ Yes ☐ No

IF YES, EXPLAIN

G COMPLIANCE & TRACK-AND-TRACE

G1 Is the applicant in full compliance with all local and state laws governing cannabis businesses, including recording the inventory and movement of all cannabis and cannabis products into and out of the business? ☐ Yes ☐ No

IF YES, EXPLAIN

TRACK-AND-TRACE SYSTEM USED	TESTING LABORATORY USED

G2 Are all products sold by the applicant tested per state regulations? ☐ Yes ☐ No

G3 Does the applicant employ any professionals (physicians, pharmacists, etc.)? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to G3, confirm in the explanation field whether these professionals carry their own professional liability insurance.

G4 Does the applicant ever transport cannabis-containing products across state lines? ☐ Yes ☐ No

IF YES, EXPLAIN

G5 Are all cannabis products the applicant purchases bought from licensed operators? ☐ Yes ☐ No

H ADDITIONAL COVERAGES & SPECIAL EVENTS

H1 Is hired auto and non-owned auto liability requested? (if yes, attach CWCO-SUP-HNOA or CWCO-SUP-AUTO) ☐ Yes ☐ No

Building ordinance or law coverage requested:

☐ No coverage ☐ Coverage A only ☐ Coverages A, B & C

Sump pump & water backup sublimit requested:

☐ No ☐ $10,000 ☐ $15,000 ☐ $25,000

EVENT NAME	CITY / STATE	DATE	ON-SITE CONSUMPTION? (Y/N)

List any special events other than trade show booths, which are already included.

I LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

I1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

J ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — STATE LICENSING HISTORY, BANKING RELATIONSHIPS, OR PLANNED EXPANSION

K REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. Maintaining active state licensure and all burglary, robbery, fire and protective safeguards represented in this application is a condition precedent to coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE