Covers state-licensed cannabis dispensaries, cultivators, manufacturers, and distributors, and sellers of hemp-derived THC products. Vape shops without cannabis use CWCO-SUP-SMOKE. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE LICENSE TYPE(S) / NO(S).	DEA REGISTRATION (IF ANY)

2 OPERATIONS

License and product categories (check all that apply):
☐ Medical dispensary ☐ Adult-use dispensary ☐ Cultivation ☐ Manufacturing / extraction ☐ Distribution ☐ Delivery
☐ Hemp-derived THC products ☐ CBD only

PRODUCT TYPE	% OF GROSS SALES

Product types: flower; pre-rolls; vape cartridges; edibles; beverages; concentrates; topicals; accessories.

2-1 Does the business sell or make vape cartridges or devices? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the business extract or manufacture concentrates using solvents (butane, ethanol, CO2)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the business sell hemp-derived THC products (delta-8, THC beverages, THCA)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the business handle mostly cash? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FEDERAL STATUS, LICENSING & PRODUCT SAFETY

Federal status now depends on the license: state-medical marijuana moved to Schedule III in April 2026, adult-use marijuana remains Schedule I pending a DEA decision, and most intoxicating hemp products lose hemp status under a federal law taking effect in late 2026. Product testing and vape sourcing drive the product claims.

3-1 Is the business in full compliance with its state license, including required inspections? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If the business holds a state medical license, has it completed the DEA filings now required for Schedule III status? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-3, has the business reviewed its hemp product line against the new federal total-THC limits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is every product tested by a state-licensed lab before sale? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are test results tracked by batch so a recall can be traced? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are all products bought only from state-licensed operators? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-1, are vape hardware and cartridges sourced from suppliers that carry product liability naming the business? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Is every product entered in the state track-and-trace system? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the business had a product recall, adverse-reaction claim, or license violation in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CASH, SECURITY, EXTRACTION & CULTIVATION

4-1 Is the premises monitored by a central-station alarm with interior motion sensors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is there 24-hour video surveillance of the interior and exterior? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-4, is cash kept in a safe when not in the register? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-4, is cash moved by an armored carrier? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are security guards licensed as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do security contracts name the business as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 If yes to 2-2, is extraction done in a rated room with gas detection and fire suppression? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Were cultivation electrical and irrigation systems installed by licensed contractors with permits? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are employees background-checked as the state license requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is on-site consumption allowed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are products sold or sampled at special events? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & SALES

TOTAL ANNUAL PAYROLL ($)	ANNUAL GROSS SALES ($)	MAXIMUM CASH ON PREMISES ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS	CROP / STOCK COVERAGE (Y / N)	CRIME / MONEY & SECURITIES LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Is there a written recall plan? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are customers' ages verified with ID scanning at entry? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

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. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide 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