Contaminated cannabis products insurance application

As a condition precedent to this insurance, the applicant submits this application, along with all supplemental documentation and attachments to the Insurer(s) during the underwriting of Contaminated Cannabis Products Insurance and warrants all statements to be true. If there is not enough space provided to answer the questions, additional supplemental sheets are encouraged. This application must be signed and dated by an officer of the company. This application becomes part of the policy and is to be updated by the applicant if there is any material alteration to the information contained within prior to the completion of the contract of insurance.

Along with this application, please provide the following:

- Copies of all current and active license(s)
- Copies of your most recent premise audits
- Copies of your most recent third-party test results
- Schedule of all subsidiaries
- Details on any government action (past, current or expected future action) against you,
- your product, or your premises

1. Insured

1.1 Named insured

1.2 Address

1.3 Website

1.4 Number of years in operation

1.5 Business licenses held

2. General operations

2.1 Description of operations and products: (Check all that apply)

Cultivator	Manufacturing without extraction	Manufacturing with extraction
Extraction only	Retail/Dispensary	Vertically integrated

2.2 Description of product use: Recreational Medical Both

2.3 Confirm the states you operate in and what operations are in each state:

2.4 Are you looking for this policy to be product or contract specific? If so, please explain:

2.5 Provide the revenues figures for the prior year, current year, and projected upcoming year:

Prior year:	Current year:	Projected upcoming year:

2.6 Do you deliver/ship marijuana products? Yes No

2.6.1 If so, what is the percentage of revenue associated with this service? %

2. 7 Do you have online distribution? Yes No

2.7.1. If so, what is the percentage of revenue associated with this service? %

3. Cultivating/growing operations

3.1 Total number of growing locations:

3.2. Complete the following table for the locations with the largest revenue output:

Growing location	Annual sales	Value of daily output (lbs.)	Value of daily output ($)	Avg. # of plants

3.3 Is growing done: Indoors Outdoors(open) Outdoors (greenhouse)

3.4 What growing methods are used:

Hydroponic Soil Aeroponics Aquaponics Other:

3.5. How often are the plants harvested?

Daily Weekly Monthly Yearly Other

3.6 How are the plants harvested?

Wet trimming Dry trimming Other

3.7 How are harvested plants stored?

3.7.1. How long are plants stored before being packaged?

3.7.2. Do you package in house? Yes No

3.8. Are herbicides and/or pesticides used, what brand and to what frequency?

3.9. Confirm your water source?

3.10. Are you in a shared space with other growers? Yes No

4. Manufacturing/processing operations

4.1. Total number or manufacturing/processing locations:

4.1.1 Confirm percentage of sales for products manufactured in-house, by third parties, by contract manufacturers on your behalf:

In-house	Third party	Contract manufacturer

4.2 Complete the following table for the locations with the largest revenue output:

Facility location	Annual Revenues	# of production lines	Value of daily output ($)	# of SKU's mfd.

4.3. Provide a list of your largest customers by sales:

Name of customer	Percentage of sales	Type of customer (i.e. retail, distributor, manufacturer)

5. Products

5.1. Complete the following two (2) tables for the following product categories:

Products	Annual revenues ($)	# of SKU's	Top SKU revenue ($)	Value of an avg. batch ($)	Avg. daily output ($)
Flower					
Concentrates					
Vape					
Edibles (gummies, food, beverages, etc.)					
Topicals (creams, oils etc.)					
Oral products (tinctures, sprays, capsules, etc.)					

Products	Avg. shelf life	Avg. inventory turn over	Avg. production cycle
Flower			
Concentrates			
Vape			
Edibles (gummies, food, beverages, etc.)			
Topicals (creams, oils etc.)			
Oral products (tinctures, sprays, capsules, etc.)			

5.2 Indicate any new products which you intend to introduce into the stream of commerce in the next twelve (12) months including any new formulations or new cannabidiol.

5.3. Have you discontinued any products in the last five (5) years? Please include what products:

5.4. Indicate the percentage of products with less than .3% THC if applicable: %

5.5. Indicate the highest percentage of THC sold by you: %

5.6. Indicate the percentage of product sold under the following branding categories:

Own brand	Third party branded/private label	Contract manufacturer

5.7 Indicate the percentage of product which is sold to a customer to be used as an ingredient in a third party's product: %

5.7.1. What products are being sold as an ingredient to a third party?

Flower Oil Concentrates Vape Oil/Vape Cartridges

6. Extraction and Solvent Operations

6.1 If you are responsible for the extraction process, confirm what methods are used: Check all that apply. Yes No

Solventless Solvent-Based Alcohol CO2 Open-Loop Closed Loop

6.1.1. If solvents are used, please confirm what solvents are used:

6.2 Do you test for solvent purity with an ISO 17025 laboratory? Yes No

6.3 Do you maintain written solvent purity documents for Hydrocarbon-based solvents used for extraction and/or post-extraction processing? Yes No

6.4 For nonhydrocarbon-based solvents used for extraction and/or post-extraction processing, are the solvents approved as food grade by your local/state regulatory agency? Yes No

6.5 Are all closed-loop extraction systems certified after installation with your state regulatory agency? Yes No

6.5 What are the qualifications of the staff involved in the extraction process?

6.6 Are all staff trained in how to use the system, including how to safely handle and store solvents and is training documented? Yes No

6.7 Is third party testing with an ISO 17025 laboratory completed on all finished product to ensure all chemicals have been removed? Yes No

6.8 Do you have written procedures in place to maintain and verify the closed-loop system is operating according to manufacturer's specifications? Yes No

6.9 If extracted products are obtained from third parties, are tests performed using ISO 17025 certified laboratory on the incoming products to confirm they meet all state and local regulations prior to incorporation into your product? Yes No

Dispensary/retail operations

7.1 Total number of owned dispensaries: Yes No

7.2 Are physicians, pharmacists, or other professionals employed and on premises during all operating hours? Yes No

7.3 If applicable, are separate records kept between recreational sales and medical sales? Yes No

7.3.1 If so, is the sales of the product able to be traced back to the purchaser? Yes No

7.4 Is any marijuana grown on the premises? Yes No

7.5 Are any products manufactured, mixed, labeled or relabeled on premise? Yes No

If yes, explain:

7.6 Are product testing records and COAs/COIs received with all incoming products? Yes No

7.7 Do you hold any supplier, vendor, or contract manufacturers harmless? Yes No

If yes, please explain:

7.8 Do you maintain rights of subrogation against any supplier, vendor or contract manufacturers? Yes No

If yes, please explain:

8. Inhalation devices (including but not limited to vape pens and inhalers)

8.1 Do you manufacture the devices in-house or are they supplied by a 3rd party?

In-house Third party

8.1.1 If supplied by a third party, are they domestic or foreign? Domestic Foreign

8.2 Are the devices being tested prior to their release into the stream of commerce? Yes No

8.2.1. What tests are performed on the devices upon receipt?

8.3 Are contracts in place against the suppliers if products are defective? Yes No

8.4 Do you maintain rights of subrogation against the supplier of the devices? Yes No

8.5 Do you produce the individually filled cartridges or are they obtained from a third party?

In-house Third party

8.6 Are the batteries: Replaceable Rechargeable One-time use

8.7 Do you obtain warranties from your suppliers on the devices and batteries? Yes No

9. Suppliers & supplier controls

*All operations should complete the below to what is applicable for their operations

9.1. Approximate total number of suppliers:

4.1.2 Approximately what percentage of your suppliers are?

Domestic: %

Foreign: %

9.2. Provide a list of your largest marijuana product related suppliers by revenue:

Name of supplier	Country/state of domicile	Supplied product	Is the supplier audited (Y/N)

9.3 Provide a list of your top product suppliers unrelated to marijuana products (i.e. devices, chemicals, non-THC ingredients)

Name of supplier	Country/state of domicile	Supplied product	Is the supplier audited (Y/N)

9.4. What percentage of your product is contract manufactured? %

9.4.1 If more than 10%, complete the following list of top contract manufacturers by revenues:

Name of contractor manufacturer	Gross revenue of contract product	Contract product

9.5 Which of the following processes are in place to assess the quality and regulatory compliance of your suppliers/contract manufacturers and their products?

Certificates of Analysis	Yes	No
Microbiological/Mold/Yeast Testing Reports	Yes	No
Allergen Statements	Yes	No
Residual Solvent Statements	Yes	No
Heavy Metal Certifications	Yes	No
Potency Testing Reports	Yes	No

9.6 If you source extracted products like concentrates, is the process in which the products were extracted disclosed? Yes No

9.7 Do you maintain rights of subrogation against your ingredient and packaging suppliers, vendors, and contract manufacturers? Yes No

If no, please explain:

9.8 Do you hold any supplier, vendor, or contract manufacturers harmless? Yes No

If yes, please explain:

9.9 Do you require your suppliers to carry Contaminated Products Insurance, Product Recall Insurance and/or Product Liability Insurance? Yes No

If yes, please detail:

10. Quality controls

*All operations should complete the below to what is applicable for their operations

10.1 Do you have the following?

Product Quality Plan	Yes	No
Master Manufacturing Protocols	Yes	No
Batch Production Records	Yes	No
Manufacturing Personnel and Training Procedures	Yes	No
Cannabis Product Component Quality Control Procedures	Yes	No
Food Safety Plan	Yes	No
HACCP Plan	Yes	No
SOPs	Yes	No
GMPs	Yes	No
Inventory Control Plan	Yes	No
Allergen Control Plan	Yes	No
Electronic Track and Trace System	Yes	No
Certified weighing devices and weighmasters	Yes	No
Emergency Response Procedures	Yes	No
Waste Management Procedures	Yes	No
Recall Plan	Yes	No
Product Complaint Records	Yes	No
Seed to sale electronic tracking	Yes	No

10.2 Is there a label review process to ensure all products meet labeling requirements and the correct labels are added to each package? Yes No

10.2.1 Who reviews the labels and what are their qualifications?

10.3 Do any products go through a kill step before being released to customers? Yes No

If yes, please detail:

10.4 How often do you clean your production lines?

10.5 What do you do to go above and beyond the minimum regulatory or industry requirements to ensure product safety?

10.6 Are mock recalls performed? Yes No

10.7 Do you have any professional personnel on staff (i.e. doctors, pharmacists, scientists) Yes No

10.8 Are all your products sold in tamper evident and child resistant packaging? Yes No

10.9 What security measures are in place:

11. Testing & audits

11.1 Do you use a third-party testing facility? Yes No

What one?

11.1.1 What certifications do they have (i.e. ISO 17025)

11.2 Do you have a lab qualification procedure? Yes No

11.3 Do you have a test and hold procedure requiring confirmation of negative results prior to the release of your products? Yes No

11.4 Do you have an Environmental Monitoring Program? Yes No

11.5 Do you test your premises for pathogens? Yes No

11.5.1 To what frequency? Daily Weekly Monthly Other

11.6 Complete the following table to indicate the type of testing performed on covered products:

	Incoming materials	During production	Post-production
Assay			
Microbials/Pathogens			
Heavy metals			
Allergens			
Residual solvents			
X-ray/metal detector			
Potency			
Cannabinoid profiles			
Cannabinoid dosage per serving			
Terpene profiles			

11.7.1 Do you have a test and hold procedure requiring confirmation of negative results prior to the release of your products? Yes No

Please provided details:

Please provide copies of your most recent Third-Party Audit reports including Corrective Action Reports from your largest facility and facility with the lowest score, if applicable.

13. Account history:

13.1 Have there been any actual or alleged contamination incidents involving your products or premises which have resulted in costs to you or a third party in the past 10 years? Yes No

13.2 Have you received any warning/violation/citations letters regarding your products, business activity or premises from your state or local governmental authority in the past 10 years? Yes No

13.3 Have there been any actual or alleged tampering or extortion incidents involving your products in the past 10 years? Yes No

13.4 Has your product been subject to a voluntary or mandatory recall, advisory or public health warning by a governmental authority in the past 10 years? Yes No

13.5 Has your product been refused by a customer due to a recall or a similar product in the past 10 years? Yes No

If 13.1, 13.2, 13.3, 13.4, 13.5 have been answered “Yes”, please provide a completed claim supplemental.

13.6 Has your company been a target of political, radical or another extremist or special interest group? Yes No

If yes, please provide detail.

13.7 Has your company experienced strikes, riots, work stoppages and / or plant closings in the past 5 years? Yes No

If yes, please provide detail.

13.8 Have you declared bankruptcy in the last ten years? Yes No

13.9 Does your company have knowledge of any fact, circumstance, or situation which may give rise to a claim under this policy? Yes No

If yes, please provide detail.

12. Declarations

I declare that the statements and particulars in this application are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signature		**Date**	
Position			