



PRODUCTS/GENERAL LIABILITY SUPPLEMENT FOR MEDICAL MARIJUANA DISPENSING

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Applicant's tax status is: For Profit Nonprofit
3. Annual gross receipts from the sale of marijuana and marijuana containing products:

	Medical Marijuana Dispensary	Other Medical Marijuana Distribution
(a) estimated for the next twelve months	\$ _____	\$ _____
(b) last twelve months	\$ _____	\$ _____
4. Does the Applicant maintain written records of all marijuana and marijuana containing products, including the purchase date, type of product and purchase price? Yes No
5. Does the Applicant breed, cultivate or produce marijuana sold or used in marijuana containing products that are sold?..... Yes No
 - (a) If Yes, what is the number of plants under cultivation by the Applicant and in the Applicant's care, custody and control at any point in time?
6. Does the Applicant check that all purchasers of marijuana and marijuana containing products have a valid Medical Marijuana User Identification Card for the location in which the Applicant is operating? Yes No
 - (a) If Yes, does the Applicant require that the identification card be shown before dispensing? Yes No
7. Does the Applicant or its employees provide delivery services of marijuana or marijuana containing products to purchasers?..... Yes No
 - (a) If Yes, does the Applicant require that the identification card be shown before releasing to the recipient? Yes No
8. Does the Applicant use:
 - (a) Employed identification checkers? Yes No
 - (b) Contracted identification checkers? Yes No
 - (i) If Yes, are they required to carry:
 - a. Professional Liability Insurance? Yes No
 - i. If Yes, does the Applicant require that they are added to all Professional Liability Policies as an Additional Insured?..... Yes No
 - b. General Liability Insurance? Yes No
 - i. If Yes, does the Applicant require that they are added to all General Liability Policies as an Additional Insured?..... Yes No
 - (c) Employed security guards? Yes No
 - (i) If Yes, do they carry firearms?..... Yes No
 - (d) Contracted security guards? Yes No

If Yes,

 - (i) Do they carry firearms?..... Yes No
 - (ii) Are they required to carry:
 - a. Professional Liability Insurance? Yes No
 - i. If Yes, does the Applicant require that they are added to all Professional Liability Policies as an Additional Insured?..... Yes No
 - b. General Liability Insurance? Yes No
 - i. If Yes, does the Applicant require that they are added to all General Liability Policies as an Additional Insured?..... Yes No
9. During business hours, is all marijuana and marijuana containing products inventory, other than that on display, kept in a locked safe?..... Yes No

10. Does the Applicant occupy the entire building? [] Yes [] No

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date