

MEDICAL MARIJUANA DISPENSING QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.						
Named Insured: Website:						
	GENERAL INFORMATION					
1.	Annual gross receipts from the sale of marijuana and marijuana containing products:					
	Estimated for the next twelve months \$					
	Sales for the last twelve months \$					
2.	Do you verify that purchasers of marijuana and marijuana contain products have	☐ Yes	□ No			
	A valid Medical Marijuana User Identification Card for the location you are operating? If yes, do you require that the identification care be shown before dispensing?	☐ Yes	□ No			
3.	Do you maintain written records of all marijuana and marijuana containing products Including the purchase date, type of product and purchase price?	☐ Yes	□No			
4.	Do employ security guards? If yes, are they armed?	☐ Yes ☐ Yes	□ No			
5.	Do you use Independent contracted security guards?	☐ Yes	□ No			
	a. If yes, are they armed?b. Do you require that they have Commercial	☐ Yes	☐ No			
	General Liability Coverage with equal or greater than the limits you have?	☐ Yes	□ No			
	c. Do you require certificates of insurance and ask to be added as additional Insured's on their policy?	☐ Yes	□ No			
6.	During business hours, is all marijuana and marijuana containing products inventory Other than that on display, kept in a locked safe?	☐ Yes	□ No			
7.	Does the applicant own any warehouses to store goods of others not being shipped or handled by the insured?	☐ Yes	□No			
	IMPORTANT NOTICE					

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading,

information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.	€
(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)	r,

Applicant Signature	Title	Date
Producer Signature		Date