



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

Medical Marijuana Application

**LIFE SCIENCES
Division**
Email to LS@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- Copy of current facility license *(if applicable)* ➤ Product catalog, brochures, and labels *(if applicable)*

SECTION I – GENERAL INFORMATION

Applicant name:

DBA:

Address:

City:

State:

Zip:

Phone: -

Website:

Years in business under current management:

Date established:

Inspection contact name and information:

Type of enterprise: ☐ Corporation ☐ Individual ☐ Partnership ☐ Proprietorship ☐ LLC
☐ Non-profit ☐ For profit ☐ Joint venture ☐ Government entity
☐ Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name?

☐ Yes ☐ No

If "Yes", please list entity and operations:

Provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic sales	Foreign sales	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

SECTION II – PREMISES INFORMATION

1. Describe the type of crime area in which applicant's premises is located:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
2. Is the nature of the business advertised on the outside of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does applicant occupy the entire building?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If "No", are there connecting doors to adjacent units?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If "Yes", how are the connecting doors secured (<i>i.e., deadbolts, alarms, etc.</i>):			
4. Which of the following security systems are utilized (<i>please check all that apply</i>):			
<input type="checkbox"/> Central station burglar alarm	<input type="checkbox"/> Exterior video cameras		
<input type="checkbox"/> Interior video cameras	<input type="checkbox"/> Interior motion detectors		
<input type="checkbox"/> Security guards – armed	<input type="checkbox"/> Security guards – unarmed		
<input type="checkbox"/> Door greeter/ID checker	<input type="checkbox"/> Gated doors		
<input type="checkbox"/> Gated windows	<input type="checkbox"/> Hold-up button/panic button		
<input type="checkbox"/> Safe or vault			
5. Are all security measures fully operational during non-business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No", which ones are not:			
6. If guards and/or greeters are used are they employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If "No", do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. What limits do independent contractors carry?			
7. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are employees instructed to cooperate and obey the robber's instructions and not to resist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION III – DISPENSARY INFORMATION

1. Please provide the following financial information:		
	Previous 12 months	Projected next 12 months
Annual gross receipts from medical marijuana sales		
Annual gross receipts from infused medical marijuana products containing THC or other active cannabinoids (<i>e.g. baked goods, candies, other food or drink items, etc.</i>)		
Annual gross receipts from smoking accessory sales (<i>e.g. pipes, rolling papers, or other non-vaporizer type smoking products</i>)		
Annual gross receipts from vaporizers, vapor pens, and cannabis oil cartridges intended to be used with vaporizers or vapor pens		
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids (<i>e.g. oils, creams, lotions, etc.</i>)		
Annual gross receipts from recreational marijuana or recreational infused products sales		
Annual gross receipts from sales of other goods (<i>e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp based lotions or oils, etc.</i>)		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services (<i>e.g. massage, acupuncture, etc.</i>)		
Total number of patient contacts		
Total payroll		

<p>2. Are there any professionals employed (<i>e.g., physicians or pharmacists</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", do the employed professionals carry their own separate professional liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. How does the dispensary ensure compliance with state law (<i>please check all that apply</i>):</p> <p><input type="checkbox"/> Checking photo ID and registration card of patient</p> <p><input type="checkbox"/> Confirming physician's recommendation</p> <p><input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises</p> <p><input type="checkbox"/> Other (<i>describe</i>):</p>
<p>4. Does applicant maintain a ledger with a record of the quantity of medical marijuana dispensed in each transaction, the type and source of the medical marijuana dispensed, the total amount paid by the patient for all goods and services provided, the date and time dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Does applicant maintain separate records for medical and recreational products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Does applicant grow medical marijuana or are other cannabis plants on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. What is the maximum number of plants on the premises at any one time?</p>
<p>8. Are any products manufactured, mixed, labeled, or relabeled by the applicant including: infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please describe:</p>
<p>9. Does applicant use a cannabis testing lab to test their medical marijuana to determine purity (<i>no contamination from bacteria, fungus, and/or pesticides</i>) and to determine strength and cannabinoid content (<i>e.g. THC, CBC, THCV, CBN, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", how does applicant ensure product purity?</p>
<p>10. For products that the applicant does not produce, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from the original manufacturer or from their supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. How much inventory is displayed to customers?</p> <p><input type="checkbox"/> 0-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> Greater than 25%</p>
<p>12. Is any on-site consumption of medical marijuana permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Does applicant offer delivery of marijuana products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION IV – GROWING FACILITY INFORMATION

<p>1. Does applicant grow any marijuana that is intended to be distributed for recreational purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what percentage of revenue is derived from these operations? %</p>
<p>2. Does applicant maintain separate records for medical and recreational products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Are medical marijuana grow facilities located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors Greenhouse a. If outdoors, provide the approximate size of the growing area in acres:</p>
<p>4. What is the maximum number of plants on the premises at any one time?</p>
<p>5. What is the maximum number of medical marijuana on the premises at any one time?</p>
<p>6. Are any products manufactured, mixed, labeled, or relabeled by applicant including: infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please describe:</p>

7. Does applicant use a cannabis testing lab to test their medical marijuana to determine purity (*no contamination from bacteria, fungus, and/or pesticides*) and to determine strength and cannabinoid content (*e.g. THC, CBC, THCV, CBN, etc.*)?

☐ Yes ☐ No

If "No", how does the applicant ensure product purity (*please explain*):

SECTION V – PRIOR INSURANCE AND CLAIMS HISTORY

1. Please provide insurance information for the past three (3) years.

Carrier	Limits	Deductible	Retro date	Premium	Exposure base or policy rate

2. In the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance?

☐ Yes ☐ No

If "Yes", please provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of claims	Total paid	Total reserves	Total incurred	Valuation date

SECTION VI – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (*Not applicable in North Carolina*)

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

(*Not required in all states, contact your agent or broker for your state's requirements.*)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. (*Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.*)

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Applies in MD Only.*

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. **Applies in FL Only.*

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. **Applies in NY Only.*

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. **Applies in ME Only.*

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: