



Cannabis Supplemental Application

Required for **each location** that contains a cannabis operation of any type

Instructions:

1. Complete all answers truthfully and completely. False or concealed information can impair your coverage.
2. This Application must be signed and dated by the owner of the insured property

Questions:

1. **Owner of Insured Property:**

- a. Applicant Name: _____
- b. Location Address: _____

2. **Cannabis Operations:**

- a. Owners Name: _____
- b. DBA Name: _____
- c. Mailing Address: _____
- d. Phone Number: _____
- e. Website: _____
- f. Business Type: _____ Individual/Sole Proprietor Corporation Partnership
Other: _____

3. **Cannabis License Information**

a. **Local License or Permit**

Do you have a license or permit issued by your city or county? Yes No Applied

Local License/Permit No.	Effective Date	Expiration Date	City or County

b. **State License or Permit**

Do you have a license or permit issued by the State of California? Yes No Applied

State License/Permit No.	Effective Date	Expiration Date	License Type

Notify us immediately if your license expires or if your application for a license is denied. Lack of proper licensing may impair your coverage or void your policy.

4. **Cannabis Operations** – Describe the nature of the licensed cannabis business operations that will be operated at this location. Include hours of operation, retail store, cultivation, manufacturing, distribution, wholesale, laboratory, testing or any other operations:

5. Building and Location Information:

- a. What percentage of the building is occupied by cannabis operations: _____
- b. Do you require the cannabis operations to name the owner of the building as an additional insured? If yes, please provide a copy of additional insured certificate. Yes No
- c. Does your lease agreement require the tenant to indemnify the owner of the building?

6. Security

- a. Does the cannabis operations **employ** security personnel? If yes, are they armed?

- b. Does the cannabis operations **contract** to provide security? If yes, are they armed?

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

WARRANTY STATEMENT: I have read this application and I declare that to the best of my knowledge and belief, all the forgoing statements are true and accurate, and that these statements are offered as an inducement to issue the policy for which I am applying. I agree that all representations made in this application are material and that California Mutual Insurance Company may rely on them. If the Company issues a policy, I UNDERSTAND AN AGREE THAT THIS APPLICATION IS INCORPORATED BY REFERENCE AND WILL BE MADE A PART OF THE POLICY.

Owner of Insured Property Date

Owner of Cannabis Operations Date

Print Name

Print Name

Producers Signature License No

Agency Name