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APPLICATION: ACMPR PART 1 – MEDICAL MARIJUANA

PLEASE ANSWER ALL QUESTIONS.

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

GENERAL INFORMATION

DATE: _____

1. NAMED INSURED (as it should appear on the policy):

2. MAILING ADDRESS:

3. CONTACT / TITLE: _____

4. HEALTH CANADA LICENCE #: _____

(Please attach a copy)

5. WEBSITE: _____

6. PHONE NUMBER: _____

7. RISK LOCATION(S):

	ADDRESS	
Location #1		
		Postal code
Location #2		
		Postal code

8. OPERATIONS: _____

9. LENGTH OF TIME IN BUSINESS: _____

10. TYPE OF LICENSE UNDER ACMPR: _____

11. CURRENT INSURER: _____

12. EXPIRY DATE: _____

13. TARGET PREMIUM:

Liability: \$ _____

Property: \$ _____

Other: \$ _____

New Account Existing Account

14. PROPERTY UNDERWRITING INFORMATION – CONSTRUCTION DETAILS

	LOCATION #1	LOCATION #2
Walls		
Floors		
Roof		
Heating		
No. of Storeys		
SQFT of Building		
Detached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built		
Building Condition		
% of Location Sprinklered		
Hydrant Protected?		
Distance to Fire Hall		
Size of Vault • This will determine the amount of production allowed by Health Canada		
Type Class of Safe? Minimum 800lbs *If safe is under 2000lb, must be bolted to floor		
Presence of – Vacuum Oven, Centrifuge, Distillation Column, Roto Vaps?		
Electrical Back up System?		

15. UPDATES:

	LOCATION #1	LOCATION #2
Plumbing		
Heating		
Electrical		
Roof		
Watering System		

16. DESCRIBE THE PROCEDURES, PROCESSES, OR PRACTICES OF THE BUSINESS:

IE – MANUFACTURER, PROCESSOR, INDOOR GROW, OUTDOOR GROW, RETAIL, DISPENSARY, LAB, AND DELIVERY.

17. OCCUPANCY DETAILS:

	LOCATION #1	LOCATION #2
Occupancy by insured		
Occupancy by others		
If others occupy – explain separation		
Is insured owner or tenant?		
Is there oil extraction done at this location? (co ² , organic solvents, butane, etc.)		
Is the nature of the business advertised on the outside of the building?		

18. MORTGAGES / LOSS PAYEES - Name and address:

19. SECURITY DETAILS

Select:

- Monitored Fire Alarm
- Monitored Burglar Alarm
- Interior Video Cameras
- Security Guards
- Door Greeter / ID Validation
- Gated Windows
- Fencing
- Exterior Video Cameras
- Gated Doors
- Hold-Up / Panic Button

Are guards and/or greeters employees? Yes No

• If No, do independent contractors carry their own insurance? Yes No

• Does the applicant require COI from contractors? Yes No

Are there any firearms on the premises? Yes No

Does the 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? Yes No

Are employees instructed to cooperate and obey robber's instructions? Yes No

PROPERTY:

20. PROPERTY OF EVERY DESCRIPTION

- Broad Form Coverage
 - IBC By-Laws Endorsement
 - Flood and Earthquake Coverage
- Total Insured Values \$ _____
Co-Insurance _____%

21. BASIS OF SETTLEMENT

- Replacement Cost
- Cost Price Clause on Goods in Process

22. DEDUCTIBLE

- \$ _____ Property Deductible
- \$ 5,000 Sewer Back-Up Deductible
- \$ 25,000 Flood Deductible
- 5% Min or \$100,000 Earthquake Deductible

23. POED BREAKDOWN:

	LOCATION #1	LOCATION #2
Building	\$	\$
Stock	\$	\$
Equipment	\$	\$
Office Contents including EDP	\$	\$
Tenant Improvements	\$	\$
Total	\$	\$

24. BUSINESS INTERRUPTION

	LOCATION #1	LOCATION #2
<input type="checkbox"/> Profits • 12 Month Period of Indemnity <input type="checkbox"/> Gross Earnings • _____ Co-Insurance • 180 Day Ordinary Payroll	\$	\$
Gross Rents • 100% Co-Insurance	\$	\$
Extra Expense • 100% First 30 Days	\$	\$
Contingent Business Interruption <input type="checkbox"/> Supplier <input type="checkbox"/> Customer	\$	\$

25. EXTENSION LIMIT:

Accounts Receivable	\$
Valuable Papers	\$
Professional Fees	\$
Sign Floater	\$
Sewer Backup	\$
Consequential Loss	\$
Off Premises Power	\$
Other: _____	\$
Other: _____	\$

26. CONTRACTORS EQUIPMENT FLOATER

Broad Form Coverage \$ _____
 Replacement Cost
 Actual Cash Value
 90% Co-Insurance
 Deductible \$ _____
 Leased or Borrowed Equipment \$ _____
 Rental Reimbursement \$ _____

27. CONTRACTORS EQUIPMENT SCHEDULE

#	DESCRIPTION	S/N	VALUE
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$

28. TOOL FLOATER

Broad Form Coverage \$ _____
 • Actual Cash Value
 • 90% Co-Insurance
 • \$ 1,000 Deductible

29. INSTALLATION FLOATER

Broad Form Coverage \$ _____ Annual Value of Installations \$ _____
 In Transit Limit \$ _____ Average Value of Installations \$ _____
 Temporary Locations Limit \$ _____ Maximum Value of Installations \$ _____
 100% Co-Insurance
 Deductible \$ _____

30. BOILER AND MACHINERY

	LOCATION #1	LOCATION #2
Standard Comprehensive Form		
<input type="checkbox"/> Including Production Machinery <input type="checkbox"/> Excluding Production Machinery		
Consequential Loss		
Deductible	\$	\$

31. COMMERCIAL GENERAL LIABILITY – REQUIRED LIMITS

Public Liability Limit \$ _____ Per Occurrence Coverage is Occurrence

Products Liability Limit \$ _____ Per Claim Coverage is Claims Made

Please provide Retroactive Date and Limit for current cover: _____

Requested Deductible: \$ _____

LIABILITY UNDERWRITING INFORMATION:

32. EXPERIENCE IN THE CANNABIS FIELD:

33. CERTIFICATIONS, ASSOCIATIONS – ETC.

Is the applicant in compliance with all local laws regarding the growth, manufacturing, dispensing and or control of cannabis or cannabis containing products?

34. GROWING FACILITY INFORMATION:

a) Does the applicant grow any cannabis that is intended to be distributed for recreational purposes? Yes No

• If so, what % of revenue? _____%

b) Does the applicant maintain separate records for medical and recreational purposes? Yes No

c) Are there any cultivation activities outside the building? Yes No

• If so, describe the premises:

Fenced Gated Locked-in area

d) What is the maximum number of plants on the premises at any one time? _____

e) Are any cannabis products manufactured, mixed, labelled, and relabelled by the applicant including any and all related products? Yes No

f) Date of last Health Canada inspection? _____

g) Does the applicant use a third party testing laboratory to test their cannabis? Yes No

• If Yes, do all the testing reports received from this lab indicate the following?

Products are not contaminated with pesticides? Yes No

Products are not contaminated by bacteria? Yes No

Products are not contaminated by mold/ fungus? Yes No

Products are not contaminated by heavy metals? Yes No

Products are not contaminated by residual solvents? Yes No

Cannabinoid profiles? (THCA, delta8-THC, delta9-THC, CBDA, CBD) Yes No

Terpene Profiles Yes No

• If No, how does the applicant ensure product purity?

MANUFACTURING & PROCESSING OPERATIONS:

35. PLEASE SUPPLY A COMPLETE LIST OF PRODUCTS MANUFACTURED OR PROCESSED.

36. ARE THERE MANUFACTURING AND PROCESSING OUTSIDE?

Yes No If Yes, approx. acres? _____

37. WILL ANY OF THE PRODUCTION REQUIRE OPEN FLAME, FRYING OR OTHER COOKING METHODS?

Yes No If Yes, please describe:

38. WILL YOUR OPERATIONS INCLUDE THE EXTRACTION OF CANNABIS OILS OR CONCENTRATES?

Yes No If Yes, what method is used? _____

Is the method certified? _____

39. WHAT IS THE HIGHEST CONCENTRATION (%) AND DOSAGE (MG) OF ACTIVE CANNABINOIDS PER SERVING CONTAINED IN THE APPLICANT’S STRONGEST (IE. HIGHEST DOSAGE) PRODUCT?

40. PLEASE PROVIDE THE PRODUCT NAME, CONCENTRATION (%) AND DOSAGE (MG) OF ACTIVE CANNABINOIDS PER SERVING:

41. DOES THE APPLICANT ACTUALLY PRODUCE THE INDIVIDUAL FILLED CARTRIDGES FOR VAPOUR PENS?

Yes No If Yes, please provide a copy of the applicant’s labeling and packaging for the cartridges evidencing warnings and disclaimers.

42. ARE ALL CANNABIS CONTAINING PRODUCTS MANUFACTURED AND DISTRIBUTED BY THE APPLICANT SOLD IN CHILD PROOF PACKAGING OR CONTAINERS? Yes No

43. HAS THE APPLICANT CONSULTED WITH AN ATTORNEY TO DETERMINE THAT THEIR LABELING INCLUDES: WARNINGS, DISCLAIMERS, NOTIFICATION OF CONTRADICTIONS AND LISTING OF INGREDIENTS ? Yes No

44. DOES THE APPLICANT HAVE A WRITTEN PRODUCTS RECALL PLAN? Yes No

45. SALES BREAKDOWN:

PRODUCTS/OPERATIONS/SERVICES	CANADIAN	OTHER (SPECIFY)
MEDICAL:	Note – coverage not available for U.S. sales	
Annual gross receipts from medical cannabis (Leaves, buds, flower and trim)	\$	\$
Annual gross receipts from infused medical products (baked goods, candies, food or drink)	\$	\$
Annual gross receipts from medical cannabis oil cartridges or concentrates intended to be used with vapourizers	\$	\$
RECREATIONAL:		
Annual gross receipts from cannabis (Leaves, buds, flower and trim)	\$	\$
Annual gross receipts from infused products (baked goods, candies, food or drink)	\$	\$
Annual gross receipts from cannabis oil cartridges or concentrates intended to be used with vapourizers	\$	\$
Other:	\$	\$
Gross receipts from: hemp products	\$	\$
Total	\$	\$

46. UMBRELLA LIABILITY

\$ _____ Excess Over:
 Commercial General Liability \$ _____
 Owned Auto Third Party Liability \$ _____
 Non-Owned Auto Liability \$ _____
 \$10,000 Self Insured Retention

47. SCHEDULE OF PRIMARY POLICIES

COVERAGE	CARRIER	POLICY #/TERM	LIMITS	ANNUAL PREMIUM
General Liability, Including Products			\$	\$
If Excess Policy, Lead Umbrella			\$	\$
Automobile Liability			\$	\$
Aircraft Owned			\$	\$
Aircraft (Non-Owned)			\$	\$
Other (Describe)			\$	\$

48. FIVE YEAR LOSS HISTORY

PROPERTY

DATE	OCCURRENCE	PAYMENT
		\$
		\$
		\$

LIABILITY

DATE	OCCURRENCE	PAYMENT
		\$
		\$
		\$

The completion and submission of this application to the Company does not constitute a promise to provide coverage or a binder of insurance.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant: _____ Date: _____
(Authorized Representative)

This is an application only and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided is true. Information gathered will be used for the sole purpose of obtaining Insurance Coverage. The applicant, where applicable, confirms all operations are within accordance of the ACMPR as set out by Health Canada.

ADDITIONAL NOTES

GESTIONNAIRES
D'ASSURANCES

SUM

STRATEGIC
UNDERWRITING
MANAGERS INC

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