

**Toronto Office:** 18 King St. E., Suite 903 Toronto, ON M5C 1C4  
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**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
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## ACMPR PART 2 – MEDICAL MARIJUANA APPLICATION: FOR PERSONAL GROWERS OR LANDLORDS

APPLICANT IS:  ACMPR Part 2 Grower (Personal and/or Designated Grower) previously MMAR  
 Building Owner/Landlord

PLEASE ANSWER ALL QUESTIONS

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

Additional writing space is also available on page 6.

### GENERAL INFORMATION

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

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2. MAILING ADDRESS:

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3. LOCATION ADDRESS (if different than mailing address above):

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Description of Location (ie. Residential, Commercial single unit, Commercial Multi Unit, etc.)

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4. HAVE YOU A VALID HEALTH CANADA LICENSE?  Yes  No If Yes, please attach a copy.

Do you grow for others?  Yes  No

How many licenses held? \_\_\_\_\_

5. BUSINESS ACTIVITIES / REVENUE / LIMIT REQUIRED:

	RENTAL INCOME	REVENUE	LIABILITY LIMIT
Landlord			
Grower			

If any Grower sales reported, please provide details:

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6. THIS APPLICATION FOR LIABILITY COVERAGE IS FOR

- Public Liability ONLY
- Products Liability in addition to Public Liability (require separate application)

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PROPERTY DETAILS

A. MORTGAGEES/LOSS PAYEES – NAME AND MAILING ADDRESSES:

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B. OCCUPANCY / PROCESS/ SPECIAL HAZARDS INCLUDING OIL EXTRACTION METHOD (if applicable)

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Confirm only approved chemicals and pesticides are used in your operation:  Yes  No

If No, please provide details:

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List all other tenants:

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C. BUILDING CONSTRUCTION

Year Built: \_\_\_\_\_ Additions: \_\_\_\_\_ Upgrades: \_\_\_\_\_

No. of Storeys: \_\_\_\_\_

Wall Construction:  Concrete/Brick  Steel Frame  Wood Frame  
 Other: \_\_\_\_\_

Roof Construction:  Concrete  Steel Deck  Wood Joist  
 Steel on Steel  Other: \_\_\_\_\_

Year Roof Updated: \_\_\_\_\_

Roof Covering  Tar & Gravel  Shingles  Rubber Membrane  
 Other: \_\_\_\_\_

Floor Construction:  Concrete  Concrete on Steel  Wood  
 Other: \_\_\_\_\_

Area grade(sq. ft.): \_\_\_\_\_ Total Area (sq. ft.): \_\_\_\_\_

Heating:  Forced Air  Hot Water  Other: \_\_\_\_\_ Year Updated: \_\_\_\_\_

Plumbing:  Copper  Plastic  Other: \_\_\_\_\_ Year Updated: \_\_\_\_\_

Electrical: Have upgrades been approved by local electrical authority and performed by licensed electrician?  
 Yes  No

Ventilation: Has Ventilation system been upgraded?  Yes  No  
Backup generator?  Yes  No  
Temperature alarm?  Yes  No  
HP of Refrigeration: \_\_\_\_\_HP

Municipal Protection: # Hydrants within 500 feet \_\_\_\_\_ Fire Hall \_\_\_\_\_ Distance \_\_\_\_\_

Exposures: Right: \_\_\_\_\_ Left: \_\_\_\_\_  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Protection:  Burglary  Fenced yard  Other: \_\_\_\_\_  
 Metal bars or grills protecting all glass doors and windows

Fire Protection:  Sprinkler : \_\_\_\_\_%  Local Alarm  Central Station Monitored Alarm  
 Fire Alarm  Local Alarm  Central Station Monitored Alarm  
 Fire Extinguishers #: \_\_\_\_\_

**D. COVERAGES**

Fire and E.C.: \_\_\_\_\_ Broad Form: \_\_\_\_\_ Deductible: \_\_\_\_\_

PROPERTY COVERAGE	INSURED LIMITS
Building	
Equipment/Contents	
Other	
Rental Income	
Misc Property	

**OPTIONAL COVERAGES:** Select any of the following optional coverage(s) you require

Earthquake     
  Sewer Back-Up     
  Replacement Cost     
  Flood     
  By-Laws  
 Boiler and Machinery     
 Other/Notes: \_\_\_\_\_

**E. CLAIMS HISTORY WITHIN THE LAST 5 YEARS**

Include total costs from ground up for each claim

DATE OF LOSS	DESCRIBE OCCURRENCE – STATE PROPERTY OR LIABILITY LOSS	OPEN/CLOSED	PAID	DEDUCTIBLE

**F. INSURANCE HISTORY**

Is your Company currently insured?     Yes     No

If Yes, please complete the table below for the past 3 years:

COVERAGE	INSURANCE COMPANY	LIMIT OF LIABILITY	PREMIUM
Property			
Liability			
Other			

Has any insurance company ever:

Declined, refused to renew or cancelled any insurance policy?     Yes     No

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

For: **Building Owner, Patient Grower and/or Designated Grower** please complete the below Electrical System Declaration. Or have the electrical contractor provide a signed letter on company letterhead stating that:

**The electrical system of the premises is adequate for the applicant's operations.**

\* \*ELECTRICAL SYSTEM DECLARATION\* \*

I, \_\_\_\_\_ declare that the electrical panel and Electrical system used for growing Medical Marijuana at the insured location(s) below has been inspected by a Licensed Electrician, *and* also declare that the electrician **has** confirmed that the power supply and number of circuits are adequate for the operation at:

Risk Location Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACMPR (Part 2) or MMAR license held:**

Total # of Licenses at Insured location: \_\_\_\_\_ Total Plant Count at Insured location: \_\_\_\_\_

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In order to quote terms in a timely manner please ensure that the following attachments are included:

- Photos of front & rear of all buildings.
- Photos of electrical panel servicing the grow.
- Copy of Licenses showing production site address.  
(Patient names and mailing addresses can be removed if you request)
- Photo of grow area-Garden.

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 YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND 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 - Including valid MMAR.

ADDITIONAL WRITING SPACE

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