

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – INLAND TRANSPORTATION (CANNABIS)

Name of Applicant: _____ No. of Years in Business: _____

Address of Applicant: Street _____
(Mailing address) City _____
Province _____ Postal code _____

1. POLICY TERM: _____

2. DESCRIPTION OF MERCHANDISE:

Dried Product Oils & Infused Liquids Live Plants Other (provide details)

3. DESCRIPTION OF PACKING:

4. TEMPERATURE CONTROLLED SHIPPING: Yes No

5. GEOGRAPHICAL AREA:

6. ESTIMATED ANNUAL VOLUME: _____

Basis of Valuation: _____

Maximum Value of Any One Shipment: _____

Average Value Shipped: _____

7. CARRIERS/SECURITY MEASURES:

Carriers Involved: _____

Armed Guards/Vehicles GPS Tracking Video Surveillance Driver Teams

Please provide details of Security:

Precautions/Risk Control Plan:

Rail: _____ % Motor Truck Carriers: _____ % Scheduled Air Carriers: _____ % Owner's Vehicles: _____ %

Do You Have Special Contracts with The Carriers? Yes No (If yes, please provide a copy)

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE 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.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____

English Text Clause

The Insured declares and covenants with the Insurer that the policy of insurance has been drawn in the English language and to enable these coverages to be underwritten by the markets offering the requisite facilities, and to permit usage of the necessary clauses in the language of customary issuance and interpretation thereby to avoid confusion, misinterpretation and/or disparity of coverage, as could otherwise be detrimental to his interest.

Contrat en anglais

L'Assuré déclare avoir convenu avec l'Assureur que le contrat d'assurance soit rédigé en anglais pour que les garanties requises puissent être souscrites auprès des marchés qui les offrent et que les clauses nécessaires soient dans la langue usuelle de l'émission et de l'interprétation des contrats, afin d'éviter la confusion, les erreurs d'interprétation et/ou les divergences dans les garanties, ce qui pourrait être préjudiciable à ses intérêts.



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