



Quote By Date ____/____/____

Section- 1 - General Information:

Legal Business Name: _____

Mailing address: _____

TYPE #1: ☐ Corporation ☐ Partnership ☐ LLC ☐ Individual ☐ other _____

TYPE #2: ☐ Non-Profit ☐ Not for Profit ☐ For Profit ☐ other _____

USE: ☐ Recreational ☐ Medicinal ☐ Both ☐ No cannabis sales – other

Operations: Check all operations: ☐ Cultivation ☐ Processor ☐ Manufacturer ☐ Cannabis Retail ☐ Lab
☐ Hydroponics Retail ☐ Smoke Shop ☐ Delivery Operations ☐ Other (describe) _____

Is the Insured a member of any cannabis trade associations? ☐ Yes ☐ No

If yes, who? ☐ CCSE ☐ NORML - NBN ☐ NCIA ☐ CCIA ☐ Other: _____

List your projected sales/donations by category for the next 12 months:

- a. Cultivation sales/donations \$ _____
- b. Manufacturing sales/donations \$ _____
- c. Processing sales/donations: \$ _____
- d. Recreational retail sales: \$ _____
- e. Medicinal retail sales/donations: \$ _____
- f. Laboratory and testing sales/donations \$ _____
- g. Other: _____ \$ _____

Total for next 12 months \$ _____

What are the total sales/donations for the last 12 months: \$ _____ ☐ New Venture—no prior gross revenue

If New Venture: do any of the principals have a minimum of 1 year in the cannabis industry ☐ Yes ☐ No

Locations Schedule: Building (0) is used for all outdoor operations

| Loc # | Bldg # | Street Address, City, State, Zip Code |
|-------|--------|---------------------------------------|
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ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

Section 1.a.

Information provided on this form will become part of the policy of insurance if issued.

Applicant Name: _____

Applicant Address: _____

1. How does the applicant prevent the distribution of marijuana to minors? Please describe:

2. How does the applicant prevent revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels? Please describe:

3. How does the applicant prevent possible diversion of marijuana from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law? Please describe:

4. How does the applicant prevent the use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or other illegal activity?

ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

5. Does the applicant have a program or safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of marijuana? Yes No

Please describe:

6. How does the applicant prevent drugged driving or other possibly adverse public health consequences associated with marijuana use? Please describe:

7. Does the applicant either grow or purchase marijuana grown on public lands?

Yes

No

8. How does the applicant prevent the possession or use of their product on federal property?

Applicant's Signature

Date

Section 2 - History:

All questions must be answered. Failure to disclose proper history could invalidate any and all coverage.

1. Has any application for similar insurance made on behalf of the applicant and /or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary or affiliated organization thereof ever been declined, cancelled or non-renewed? ☐ Yes ☐ No
2. Do you currently have commercial insurance coverage? ☐ Yes ☐ No

General Liability: ☐ Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

Property: ☐ Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: \$ _____

Crop: ☐ Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: \$ _____

Excess: ☐ Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

Product Liability: ☐ Check box if No prior

Insurer/carrier _____ Expiration Date _____

Policy Number _____ Premium \$ _____

Coverage Limits: Aggregate \$ _____ Occurrence \$ _____

3. Has the applicant had any prior liability and or property claims **or losses** in the past 5 years: (If yes, attach currently-valued (within past 90 days) loss runs including details) ☐ Yes ☐ No
4. Complete the following for any applicant or any principal, partner, owner, officer, director, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization:
 - A. Have any of the above been convicted of a felony or DUI in the last 10 years? ☐ Yes ☐ No
If yes, give details:
 - B. Is the applicant in compliance with all local & state laws regarding the manufacture, control, dispensing of cannabis? ☐ Yes ☐ No

Section 3 – General Liability and Excess

Complete Sections 3 thru 8 for each building and or outdoor grow

DBA: _____

Location/BLDG # ____/____ Physical address: _____

What are the operations in this building only! ☐ Cultivation ☐ Processor ☐ Manufacturer ☐ Cannabis Retail
☐ Hydroponics Retail/Wholesale ☐ Smoke Shop ☐ Delivery Operations ☐ Doctor ☐ Laboratory Testing
☐ Cannabis Wholesale/Broker ☐ Office only - no cannabis sales ☐ Retail – No cannabis sales
☐ Other _____

General Building Questions - ☐ if outdoor operations, check the box and skip general building questions.

Year building built: _____ **if the building is older than 20 years the applicant will need to provide the year the**

following were last worked on or inspected: Roof _____ Plumbing _____ Electrical _____ HVAC _____

Construction type _____ Number of stories: _____ Square footage _____

Roof Construction _____ Roof Covering _____

Are there Fire Sprinklers? ☐ Yes ☐ No What percentage of the insured's building is sprinklered _____%

General Liability Questions:

- Does the premise have a pool, pond or other water exposure? ☐ Yes ☐ No
If yes, provide details about the water exposure on a a seperate Word document.
- Does anyone live in the above scheduled building? ☐ Yes ☐ No
If yes, provide details about who lives on the premises on a a seperate Word document.
- Are there any dogs on the premises? ☐ Yes ☐ No
If yes, provide details about the dogs breed and age on a a seperate Word document.
- Are there any fire arms located in the scheduled building listed above? ☐ Yes ☐ No
If yes, provide details about the fire arms exposure on a a seperate Word document.
- Does the insured sub-contract their security guard services? ☐ Yes ☐ No
If yes: the sub-contracted security company must list you as an additional insured

General Liability Coverage:

☐ \$1,000,000 each occurrence /\$1,000,000 aggregate ☐ \$2,000,000 each occurrence /\$2,000,000 aggregate
 ____ \$1,000,000 each occurrence /\$2,000,000 aggregate ____ Pesticide and Herbicide Applicators Endorsement
 ____ \$ 50,000 occurrence/aggregate limit
 ____ \$250,000 occurrence/aggregate limit

Hired and Non-Owned Auto Endorsement:

Include Hired and Non-Owned Auto: ____Yes ____No

NOTE: Delivery operations are not eligible for HNOA endorsement. Transport for the purposes of business to business is approved. Any delivery to the consumer will be excluded.

Excess Liability Coverage:

Excess Liability Coverage: ____ Check box if you want to decline excess coverage at this time

____\$1,000,000 ____\$2,000,000 ____\$3,000,000 ____\$4,000,000

(each excess layer added will apply to both the occurrence and aggregate limits)

NOTE: Excess can not be applied if \$2,000,000 occurrence was requested under the General Liability.

Section 4 – Property

Complete Section 4 for each building

☐ Check box if you want to decline property coverage at this time

Location/BLDG #_____/____ Physical address: _____

Property Questions

1. Does the applicant have an active central station alarm system? ☐ Yes ☐ No

Monitoring Company _____

2. Are all windows and doors connected to an Active Central Station Alarm? ☐ Yes ☐ No

3. Does the applicant have an approved safe: ☐ Yes ☐ No Weight _____ Fire Rating _____

Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground

4. Does the applicant have an approved vault room? ☐ Yes ☐ No

5. Do you have a buzz in system or security personnel at the door? ☐ Yes ☐ No

6. Does the applicant have interior and exterior cameras? ☐ Yes ☐ No

7. Does the applicant maintain daily written records of all Cannabis, Hemp and CBD containing products, including the purchase date, type of product and purchase price? ☐ Yes ☐ No

Property Coverage and Endorsements for the location listed above:

Optional Property Deductibles ☐ \$10,000 or ☐ \$50,000
(the deductible will default to \$2,500 if none are chosen)

Building Coverage: \$_____ ☐ Triple net lease ☐ Named insured owns the building

Loss of Income \$_____ Number of months with coverage _____

Outdoor Signs \$_____

Cannabis Inventory \$_____ % of the cannabis inventory requires refrigeration

Indoor Grow Equipment & Tools \$_____

Outdoor Grow Equipment & Tools \$_____

Business Personal Property \$_____

Tenants Improvements \$_____

Property Endorsement ☐ Yes ☐ No

NOTE: If yes to property endorsement; you will need to complete section 8

____ FORM A \$500.00 Premium

____ FORM B \$750.00 Premium

____ FORM C \$1,000.00 Premium

Section 5 – All Cultivation Operations

Complete Section 5 for each building and outdoor operations

☐ Check box if there are **NO** cultivation operations at this location and skip Section 5

Location/BLDG #___/___ Physical Address:_____

Check all that apply:

Location Zoning: ☐ Commercial ☐ Residential ☐ Industrial ☐ Agricultural ☐ Mixed use

Cultivation Operations: ☐ Indoor ☐ Outdoor ☐ Enclosed Greenhouse ☐ Open Greenhouse

Processing Operations ☐ Drying/Curing ☐ Quarantine ☐ Trimming ☐ Storage of Finished Stock

Cultivation Questions:

- Is there a back-up system for the electrical supply? ☐ Yes ☐ No
- Does the applicant test 100% of the cannabis products grown? ☐ Yes ☐ No
If yes, who provides testing: Name_____ Ph#_____
- Estimated number of harvests per year _____
- Average yield of harvested cannabis per plant _____(oz)
- Average wholesale value per pound of finished cannabis stock _____
- Maximum per plant value based on questions 5 and 6 _____

Indoor Cannabis & Hemp Crop Coverage: ☐ Check box if you want to decline crop coverage _____
Initial

| CROP COVERAGE LIMITS | Number of Plants | Per Plant Value | = Total Plant Values |
|----------------------|------------------|-----------------|----------------------|
| Seeds | # | x \$ | \$ |
| Immature Seedlings | # | x \$ | \$ |
| Vegetative Plants | # | x \$ | \$ |
| Flowering Plants | # | x \$ | \$ |
| Harvested Plants | # | x \$ | \$ |
| Crop Value | | | \$ |
| Finished Stock | LBS. | x \$ | \$ |

All Cultivation operations are required to warrant both of the following:

- ☐ I have used or will use a licensed, insured contractor for all electrical work at my grow facility.
- ☐ I have had or will have within 30 days of my insurance effective date, all the wiring inspected by a licensed, insured contractor at my grow facility.

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

_____ Applicant Signature Date: ____/____/____

Proud Members of



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Section 6 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 6 for each Outdoor/Greenhouse building

☐ Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 6

Location/BLDG # ____/____ Physical Address: _____

1. Does the property listed above have fencing surrounding the cultivation area? ☐ Yes ☐ No
 - A. If yes, please provide details about the fencing used (i.e. Height, Electrified, and Material Used).
 - B. If yes, is the fenced in area locked at all times? ☐ Yes ☐ No
2. Is there any barbwire, razor wire or electrified fencing used for security on property? ☐ Yes ☐ No
 - A. If yes, are there warning signs on the property? ☐ Yes ☐ No
3. Are there gates at all entrances of the property? ☐ Yes ☐ No
 - A. If yes, are the gates locked at all times? ☐ Yes ☐ No
4. Are there any traps that are used for security on the property? ☐ Yes ☐ No
 - A. If yes, please provide details:
5. What percentage of your total cultivation at the location listed above is
 - A. Indoor grown? _____%
 - B. Greenhouse grown? _____%
 - C. Outdoor grown? _____%

_____ (A,B,C must total 100%)

Greenhouse Cultivation Operations:

6. Will the greenhouse be fully enclosed with locking doors? ☐ Yes ☐ No
 - A. If no, please provide photos and details on how you plan on securing the greenhouse.
7. Will the greenhouse have electricity? ☐ Yes ☐ No
 - A. If yes, provide details on equipment that uses electricity.
8. Provide details on the materials used to construct the greenhouse walls. i.e. aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc.
9. All greenhouse operations must include a photo of the building at time of submission.

Outdoor Cultivation Operations:

1. What is the total property size _____ acres
2. What is the size of the total cultivation area were cannabis and or hemp operations take place _____ acres

Section 7 – Manufacturing/Cooking Operations:

Complete Section 7 for each building that has manufacturing / cooking operations

- ☐ Check box if there are **NO** manufacturing or cooking operations and skip Section 7

Location/Bldg # ____/____ Physical address: _____

1. Will there be open flame cooking and or fryer operations at the property listed on above? ☐ Yes ☐ No
If yes: Are open flame cooking and/or frying operations conducted under a non-combustible power ventilation hood? ☐ Yes ☐ No
2. What products do you manufacture that require open flame cooking or frying:

3. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? ☐ Yes ☐ No
If yes, what type of fire suppression system is it? _____
4. Does your cooking/frying equipment have an automatic gas/propane supply cutoff? ☐ Yes ☐ No
5. Does the location list above have deep fat fryer with a high limit temperature switch? ☐ Yes ☐ No
6. How often are your hoods and flues checked? _____
7. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? ☐ Yes ☐ No
8. How often is your fire suppression system serviced? _____
9. Are fire suppression systems inspected/cleaned by an outside service and tagged for verification of this? ☐ Yes ☐ No
10. How often are the filters in your grease hood cleaned? _____
11. Have you ever had any health or liquor violations which have resulted in the closing of your business or suspension of your license in the past? ☐ Yes ☐ No
12. Will your operations include extraction of cannabis oils? ☐ Yes ☐ No
If yes, what method do you use to extract _____
13. Will your equipment be used and or rented to others who are not the named insured? ☐ Yes ☐ No
If yes: will you require them to carry their own insurance and name you on their policy? ☐ Yes ☐ No
14. The address listed above is the only location where your operations are preformed? ☐ Yes ☐ No
If no, list all address and the operations performed at each of the locations. i.e.. short term leases, short term kitchen or lab rentals.

Section 8 - Property Endorsement FORM A, B, OR C

Complete Section 8 for each building where off premises coverage is wanted

☐ Check box if there is **NO** coverage for off premises at this location and skip Section 8

Location/BLDG #___/___ Physical Address: _____

Coverages:

See section 4 for **Property Endorsement** coverage forms

Underwriting Questions:

1. Will the insured transport cannabis living plants to other business? ☐ Yes ☐ No
2. Will the insured transport harvested, processed or finished cannabis to other business? ☐ Yes ☐ No
3. Will the insured deliver any cannabis products directly to the consumer? ☐ Yes ☐ No
4. Will the vehicles that transport the insured's property and or money and securities from the
scheduled premises have an active alarm system? ☐ Yes ☐ No
5. If yes to question 4: does it include Low Jack or some other tracking service? ☐ Yes ☐ No
6. Are drivers allowed to make personal stops when transporting goods? ☐ Yes ☐ No
7. Are drivers allowed to take any cannabis inventory and or money home? ☐ Yes ☐ No
8. Does the insured collect DMV records from all drivers prior to employment? ☐ Yes ☐ No
9. Does the insured allow any fire arms or weapons in the vehicles? ☐ Yes ☐ No
10. Does the Insured have a lock box that is bolted to the vehicles? ☐ Yes ☐ No
11. Does the insured provide lifts, ride share or other livery type operations? ___ Yes ___ No

Section 9. – Product Liability Questions

 By checking the box I the Applicant / Insured willfully and knowing declining Product Liability coverage.

Section 9.A. – General Questions - All Operations

1. Does the applicant maintain daily written records of all Cannabis, CBD, Hemp and inventory of non-cannabis products, including purchase date, type of product, purchase price and who it was purchased from? ___ Yes ___ No
2. Does the applicant have a quality assurance plan in place? ___ Yes ___ No
3. Does the applicant have a product recall plan? ___ Yes ___ No
4. Does the applicant test 100% of the Cannabis, CBD and Hemp products prior to distribution? ___ Yes ___ No
 - A.) If yes, does the applicant perform their own testing? ___ Yes ___ No
 - B.) If no, provide name of the testing laboratory they are contracted with.
 Lab Name: _____
 Contact: _____
5. Does the Insured use software to track sales and pertinent transaction data such as who, when and what was purchased? ___ Yes ___ No
 - A.) If yes does the software have product recall/withdrawal safe guards? ___ Yes ___ No
6. Will the insured follow to the best of the abilities all Consumer Product Safety Commission regulations as it would pertain to the withdrawal and/or recall of defective products? ___ Yes ___ No
7. Does the insured have a communication and complaint handling procedure? ___ Yes ___ No
8. Does the insured know of any products that were either voluntarily or mandatory recalled/withdrawn in the past 5 years? ___ Yes ___ No
 - A.) If yes; please provide the total number of recalls/withdrawals the insured has had in the past 5 years? # _____ Voluntarily # _____ Mandatory
9. Does the applicant have current or prior product liability insurance? ___ Yes ___ No
 - A.) If yes, please complete the follow section about your past and or current product liability carrier?
 Insurer/Carrier Name _____ Expiration Date _____
 Policy Number _____ Premium \$ _____
 Coverage Limits \$ _____ Aggregate \$ _____ Occurrence _____
 Policy Form Type _____ Claims Made _____ Occurrence _____

Section 9.B. – Retail Operations

1. What percentage of the applicants estimated revenue is from the sale of non-cannabis equipment, hardware, or non-ingestible items? _____%
2. Does the applicant obtain and maintain a current copy of a vendor's insurance certificate naming the applicant as Additional Insured from each of the companies the applicant purchases products and or ingredients from? ___ Yes ___ No
3. Does the applicant require each vendor that they contract with to have a minimum of \$1,000,000 per occurrence and \$2,000,000 aggregate limit? ___ Yes ___ No
4. Does the applicant require testing from each vendor(s)? ___ Yes ___ No
5. Does the applicant maintain vendor contracts, records and invoices for 5 years or more? ___ Yes ___ No
 - A.) If no, how long does the applicant maintain records? _____
6. Have or will any of the Cannabis, CBD or Hemp products sold by the applicant test for unsafe trace levels of butane and or propane for human consumption? Yes No
7. What type of products will the insured sell in there store? _____

Section 9.C. – Cannabis, Hemp and CBD Cultivation Operations

1. Are you a certified organic farm? ___ Yes ___ No
 A.) If yes, please include your certification identification. _____
 B.) If no what form of pest prevention are you using? Please explain;

2. Does the applicant apply their own pesticides? ___ Yes ___ No
 A.) If no, does the insured get a copy of the contracted company's insurance before any work begins? ___ Yes ___ No
3. Do you follow all state and federal laws with the regards to the use, storage and disposal of pesticides? ___ Yes ___ No
4. Are you aware of any past or current pesticide issues that would result in a loss or claim? ___ Yes ___ No

Section 9.D. – Manufacture of Infused and/or Processed, Extracted Cannabis, Hemp or CBD Products

1. Does the applicant use any butane, propane, CO2 or other gases in the manufacturing process? ___ Yes ___ No
 A.) If yes, please provide what gases the applicant uses. _____

2. Does the applicant follow all laws, regulations and ordnances pertaining to the storage, use and disposal of any gases used in the applicant's operations? ___ Yes ___ No
3. Does the applicant test 100% all products manufactured for any level of gas residue? ___ Yes ___ No
 A.) If yes, will the applicant destroy 100% of the products found with unsafe gas residue(s)? ___ Yes ___ No
4. Provide a complete list of products that the applicant manufactures on a Word or Excel document? ___ Yes ___ No
5. List all products that the insured may not manufacture, but places applicants label on. Please provide an attached list if applicable.

Section 9.E. – Equipment, Hardware and Other Non-Cannabis, Hemp or CBD manufactured items

1. Provide a complete list of products that the applicant manufactures on an Excel or Word document and attach the document to the submission
2. List all products that the insured may not manufacture, but places applicants label on. Provide a list on a Word or Excel Document if applicable.

Section 10 – ADDITIONAL INSURED

☐ Check box if there are NO additional insureds needed at this time and skip Section 10

ADDITIONAL INSURED (check one) ☐ landlord ☐ loss payee ☐ Governmental Agency ☐ Other _____

☐ Waiver Of Subrogation: -provide copy of requirements

☐ Primary Wording with Non-Contributory Wording - provide copy of requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) ☐ landlord ☐ loss payee ☐ Governmental Agency ☐ Other _____

☐ Waiver Of Subrogation: -provide copy of requirements

☐ Primary Wording with Non-Contributory Wording - provide copy of requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) ☐ landlord ☐ loss payee ☐ Governmental Agency ☐ Other _____

☐ Waiver Of Subrogation: -provide copy of requirements

☐ Primary Wording with Non-Contributory Wording - provide copy of requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

ADDITIONAL INSURED (check one) ☐ landlord ☐ loss payee ☐ Governmental Agency ☐ Other _____

☐ Waiver Of subrogation: -provide copy of Requirements

☐ Primary Wording with Non-Contributory Wording - provide copy of Requirements

Location#/BLDG ____ / ____

Name: _____

Mailing Address: _____

City _____

State and Zip Code _____ / _____

- **Fire and Theft losses of property may be excluded if:**
 - a. The Central Station Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station alarm system).
 - b. The Video Surveillance Systems is not recording and backing up for 14 days prior to the loss.
 - c. The Seeds, finished cannabis stock/inventory, money and securities are outside the safe during non-business hours.
 - d. The minimum safe and or vault requirements have not been met at the time of the loss.
 - e. The building is over 20 years old and no updates have been done in the last 20 years.
 - f. The safe or vault does not have a 1 hour fire rating, fire will be excluded unless 100% covered by fire sprinklers
 - g. All Vaults must be approved in writing by the underwriter

Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

I _____ an authorized representative of _____ understand and agree this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to International Insurance Company of Hannover SE, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 10 DAYS OF BINDING.
 SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES
 EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

 Authorized Applicant Signature

 Date signed

 Title

Main contact: _____ Phone number: _____

 Requested Effective Date

 Name of licensed insurance broker

 Name of appointed insurance brokerage

 Signature of licensed Insurance broker



STATEMENT OF NO LOSS

| | | | |
|-----------------------|----------|---------------|-----------|
| AGENCY | | NAMED INSURED | |
| CONTACT NAME: | | CARRIER | NAIC CODE |
| PHONE (A/C. No. Ext): | | | |
| FAX (A/C. No): | | POLICY NUMBER | |
| E-MAIL ADDRESS: | | APPROVED BY | |
| CODE: | SUBCODE: | | |
| AGENCY CUSTOMER ID: | | | |

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,
FROM 12:01 AM ON _____ TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

| | | | | | | | | | | | | | |
|---|------|---|--|--|------------------|-----------------|--|----------------------------|--|---------------------|--|------------------------------|--|
| COMMERCIAL LOSS HISTORY SCHEDULE | | | | | | | | | | DATE | | | |
| PRODUCER | | PHONE, (A/C, No, Ext): | | APPLICANT (First Named Insured) | | | | | | | | | |
| | | Fax (A/C, No.): | | | | | | | | | | | |
| | | | | EFFECTIVE DATE | | EXPIRATION DATE | | DIRECT BILL AGENCY BILL | | PAYMENT PLAN | | AUDIT | |
| | | | | FOR COMPANY USE ONLY | | | | | | | | | |
| CODE: | | SUB CODE: | | | | | | | | | | | |
| AGENCY CUSTOMER ID | | | | | | | | | | | | | |
| Loss History | | | | | | | | | | | | | |
| ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) | | | | | | | | | | CHK HERE IF NONE | | SEE ATTACHED LOSS SUMMARY | |
| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | | | DATE OF CLAIM | AMOUNT PAID | | AMOUNT RESERVED | | CLAIM STATUS | | | |
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