

Quote By Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Account Information**

Legal Business Name: \_\_\_\_\_

DBA(s): \_\_\_\_\_

Enterprise Type:  Corporation  Partnership  LLC  Sole Proprietor/Individual  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Use:  Cannabis-Rec  Cannabis-Med  Cannabis-Both  CBD  Hemp  Other: \_\_\_\_\_

Operations (**Check ALL**):  Hydroponics  Retail - Cannabis  Retail - CBD  Smoke Shop

B2B Delivery  B2C Delivery  Cultivator Distributor  Testing Lab  Manufacturer

Dispensary  Other (describe): \_\_\_\_\_

If Operations include B2B Delivery, please complete the following:

What are the projected sales for B2B operations for the next 12 months? \_\_\_\_\_

What were last year's sales for B2B operations? \_\_\_\_\_

Yes  No Will driver be using personal vehicle for delivery?

If Operations include B2C Delivery, please complete the following:

What are the projected sales for B2C operations for the next 12 months? \_\_\_\_\_

What were last year's sales for B2C operations? \_\_\_\_\_

Yes  No Will driver be using personal vehicle for delivery?

Yes  No Is B2C delivery a 24/7 service?

Is the applicant a member of any cannabis, CBD, or hemp trade associations?  Yes  No

If yes, who?  NCIA  CCIA  CCSE  NORML  Other: \_\_\_\_\_

Type of Coverage/Carrier:  Owned Property  Contract Carrier/Property of Others

Vehicles Used:  Owned Vehicles  Leased Vehicles  Employee Vehicles  Contracted Carriers

Number of Vehicles: \_\_\_\_\_ Transport Frequency:  Daily (more than 2)  1-3 Weekly  1-5 Per Month

Years in Business:  New Venture  1-3 years  4-10 years  Over 10 years

If new venture, do any of the principals have a minimum of 1 year in the cannabis, CBD, or hemp industry?  Yes  No

**Coverage & Limits: Max Per Vehicle is \$500,00 (the sum of the cargo + cash limit cannot exceed \$500k without carrier approval)**

**Coverage Limits: Owned or Carried Cargo/Goods (required)**

\$50,000  \$100,000  \$150,000  \$200,000  \$250,000

\$300,000  \$350,000  \$400,000  \$450,000  \$500,000

**Coverage Limits: Cash/Securities**

\$50,000  \$100,000  \$150,000  \$200,000  \$250,000

\$300,000  \$350,000  \$400,000  \$450,000  \$500,000

**Deductible (required)**  \$5,000  \$10,000 (financials required)  \$25,000(financials required)

**Property Hauled: Avoid general terms. State approximate percentage of max value per conveyance**

Type of Cargo	% Operations	Average Value	Maximum Value

**Prior Cargo/Property Losses**

Year	Insurance Company	Policy #	Premium	# Losses	Amount Paid	Claim Open/Closed

**Underwriting Questions: All questions must be answered. Failure to disclose information could invalidate coverage**

1.  Yes  No Does the applicant possess a valid cannabis license for business operations and transportation?  
Type: \_\_\_\_\_ License Number: \_\_\_\_\_
2.  Yes  No Do you currently have commercial auto insurance coverage for all vehicles?
3.  Yes  No Have any of the drivers been convicted of a felony or DUI in the last 10 years?
4.  Yes  No Has the applicant ever filed for bankruptcy?  
If yes, please provide details: \_\_\_\_\_
5.  Yes  No Do you haul any hazardous, flammable, explosive, corrosive, or chemical materials?
6.  Yes  No Are drivers allowed to make unscheduled stops during transport?
7.  Yes  No Are drivers allowed to take any cannabis inventory and or money home?
8.  Yes  No Does the applicant collect motor vehicle reports or DMV records from all drivers prior to employment?
9.  Yes  No Does the applicant monitor employee’s driving records during active employment?  
If yes, how often? \_\_\_\_\_
10.  Yes  No Does the applicant have written a written safety program that includes driving safety, security threats, vehicle breakdown, bad weather, refusal of delivery response?
11.  Yes  No Are all Non-Owned/Employee Vehicles 10 years old or newer with verified insurance and maintenance records?
12.  Yes  No Are all drivers/operators over 25 years of age?
13.  Yes  No Are deliveries/shipments solely in applicant’s state of operation?
14.  Yes  No Is a bill of lading, shipping receipt or contract of carriage used for each shipment?
15.  Yes  No Are background checks done for all handlers of money and securities?  
If yes, how frequently? Ongoing Monitoring Program with notification?  
 Every 6 months  Every Year  Other: \_\_\_\_\_

**Protection**

1.  Yes  No Does the applicant have a lock box that is bolted to the vehicles?
2.  Yes  No Do the vehicles have interior and exterior cameras?
3.  Yes  No Are loaded vehicles ever left unattended or trailers unattached?  
If yes, please provide detail: \_\_\_\_\_
4. What security is provided for loaded vehicles? (check all that apply)

**At Locations:**  Fenced Lot  Security Guards  In a Locked Building  Theft Alarm  Lighted Kingpin Locks

**In Transit:**  Lock or GPS Device  Vehicle Theft Alarm  Kingpin Locks  
 Fire Extinguishers  Other: \_\_\_\_\_

FRAUD WARNING Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Other terms remain unchanged unless otherwise indicated in the policy contract. **This application is a part of the policy contract upon issuance.**

_____	_____	_____	_____
Applicant Name	Title	Authorized Applicant Signature	Date
(Must be signed by an active owner, partner, or executive officer)			

_____	_____	_____	_____
Agent Name	Agent License Number	Producer Signature	Date

THE COVERAGES REQUESTED IN THIS APPLICATION ARE SUBJECT TO A MINIMUM EARNED PREMIUM OR BINDER PREMIUM

**SPECIAL RESTRICTIONS AND CONDITIONS – OPERATION WARRANTY**

As a condition of the insurance provided by the policy, you certify and agree to the following:

1. To review each driver's automobile driving record as published by the driver's home state at time of hire and at least once every six months or, in the case of a prospective driver, before that driver drives on your behalf; **CURRENT INFORMATION AS WELL AS OLD INFORMATION MUST BE MAINTAINED FOR A PERIOD OF 3 YEARS;** and
2. That no driver will be allowed to operate a vehicle or other conveyance on your behalf if that driver does not have a valid automobile driver's license and an insurance ID card or some other form of acceptable proof of financial responsibility for the operation of a motor vehicle; and,
3. That no driver will be allowed to operate a vehicle on your behalf if that driver has any two or more of the following citations, violations, accidents, or combinations thereof

**VIOLATIONS**

No more than two moving violations in 3 years or 36 months and one at fault accident;

No convictions involving dishonesty breach of trust or theft

No major traffic citations or incidents in the past 4 years 48 months. Major citations are as follows:

- Driving under the influence
- Driving while impaired
- Convictions or arrests for theft or other dishonest acts
- Driving in possession of alcohol or drugs other than cannabis

- Refusal to submit to a blood, urine, or breath test
- Driving with a suspended or revoked license
- A Felony in which a vehicle is used (i.e., vehicular manslaughter, vehicular homicide, vehicular assault, hit and run, eluding a police officer.)
- Reckless Driving
- Driving 30 or more mph over the speed limit; speed contest; racing

**OTHER CONSIDERATIONS:** You agree that no driver will be allowed to operate a vehicle on your behalf if that driver does not comply with the following:

- Driver must be at least 25 years of age with a minimum of two years driving experience and hold a valid driver's license for the residing state.
  - Driver must be at least 25 and hold a valid cannabis related identification card which indicates they are legally able to possess the amount of product being transported
  - All vehicles driven on behalf of the Insured meet the state's safety requirements.
  - Drivers/transporters will not be accompanied by passengers other than your employees or contracted security service providers.
  - All contracted security services must provide a certificate of insurance from an A rated carrier. Proof of insurance should evidence proof of General Liability, Commercial Auto and Workers Compensation coverage
  - (WC requirement is not applicable to sole proprietorships). In addition, contracted security services must provide the following:
    - Additional insured endorsement specifically naming you/your corporation as additional insured with primary coverage and a waiver of subrogation.
    - Hold Harmless agreement, solely in your favor, releasing you from any liability or loss arising from activities covered under policies issued by us.
  - A driver charged with any major citation, arrest or conviction will be suspended from driving duties until all charges have been dismissed or a judgment is entered in favor of the driver. Until this is resolved, the driver may not drive.
  - Any driver observed driving in an unsafe manner or driving an unsafe vehicle will be barred immediately from driving duties.
4. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time.
  5. You agree not to waiver any of the carrier's rights under any contract and understand such agreements will not be honored by the policy contract
  6. You agree to provide a list of drivers at binding and at renewal each year and to notify us of any new drivers within 30 days.
  7. You agree to keep accurate records of delivery, routes and receipts. The policy is subject to audit at the company's discretion.
  8. All employees have documented training on active documented procedures to protect cargo. Procedures must include response in case of security events, driver illness, vehicle breakdown, detours, accidents bad weather and refusal to accept delivery.

**SPECIAL RESTRICTIONS AND CONDITIONS – HIGH VALUE SHIPPING WARRANTY**

As a condition of coverage provided by the company, you certify and agreed to the following terms. Failure to provide documentation proving all such conditions existed at the time of loss will result in reduction or denial of coverage.

**The following additional security controls must be employed for any single-conveyance shipment valued at 50% or more of the total insured value per vehicle:**

- 1) Vehicles must be loaded in a secure location with no street or public visibility.
- 2) An approved tracking device must be installed in a covert location in all vehicles used for transport of insured money securities and cargo and, where available, must be capable of utilizing at least two methods of signaling such as 3G, or SMS/GPRS using GSM or CDMA and must be equipped with at least one covert antenna.
- 3) Contract of carriage or bill of lading must be signed and verified by shipper and carrier prior to transport.
- 4) Vehicles must be accompanied by a follow-car. Follow car must be (this requirement can be waived with a description of approved threat identification procedure):
  - a) An unmarked non-descript vehicle that follows the cargo from point of origin to destination.

- 5) Vehicle must not make unscheduled stops for any reason, other than as required by law enforcement or need to protect property covered property from loss or damage.
- 6) Products/Money & Securities must be counted/weighed and sealed prior to provision to driver or delivery person. There must be written documentation to account for value/weight/number of items that is reviewed and signed by manager or owner.
- 7) Insured's employee training program must include threat awareness, robbery response, recognition of threats and appropriate response to threatening events.
- 8) Insured's employee training must include documented procedures in place to protect cargo in case of security incidents, driver illness, vehicle breakdown, strikes, detours, bad weather and refusal to accept delivery any third-party security service must provide documentation of the same.
- 9) Trailers and packaging include tamper evident security seals.
- 10) 2-way communication systems are present during entire journey. Systems are monitored by carrier's office or 3rd party monitoring center.
- 11) Carrier must have documented protocol in place to check functionality of all tracking devices prior to departure.
- 12) If there are discrepancies between type or quantity of goods/items specified in shipping manifest and the quantity received by carrier the cargo/items may not be accepted by the carrier. If such cargo is accepted coverage is nullified.

I have read this SPECIAL RESTRICTIONS AND CONDITIONS in its entirety and agree on behalf of all insureds, to comply with all of its terms and conditions. I understand failure to adhere to these conditions may result in reduction or nullification of coverage.

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Signature of Insured or Officer of Insured Entity	Title	Print Name	Date

Other terms remain unchanged unless otherwise indicated in the policy contract.

**This application is a part of the policy contract upon issuance**