

8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 877-585-2853 • Fax 877-585-2854

DISPENSARY APPLICATION

. Ge	neral Information	Proposed effective date:	Proposed effective date:			
1.	Applicant's name:					
2.	Applicant's mailing address:					
3.	City:	State: Zip:				
4.	E-mail:	County:				
5.	Business telephone number:	Fax:				
6.	Physical location of business (if	different):				
	Population within 50 miles:					
7.	Other locations used:					
	Physical address:					
	City:	State: Zip:				
8.	Please list any other name(s) the business is or has been known by:					
	Contact person:	Relationship to business:				
	Producer name:	Producer phone number:				
	Producer email:					
9.	Applicant is a(n): ☐ Individual	□ Corporation □ Partnership □ Joint Venture □ Other:				
10.	Is this a new business? ☐ Yes ☐ No					
	If no, how many years have you been in business?					
	If yes, how many years' experience in this industry?					
	Please describe experience in o	letail:				
11.	Detailed description of business activities (specifically, and by location):					
12.		annabis/marijuana trade associations?	′es □ No			
13.		, principals, managing members and managers of the business apply years' experience the owner(s) has in this type of business:				
		otal number of employees: Full-time: Part-tim				

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Provide name(s) for all insuranc		your last if no current p						
Provide name(s) for all insuranc		,	rovider)?	Insurance History Who is your current insurance carrier (or your last if no current provider)?				
	Coverage:		Provide name(s) for all insurance companies that have provided you insurance for the last three years:						
			Coverage:	Cov	verage:				
ration Date									
ual Premium	\$		\$	\$					
er Insurance:									
If yes, attach a five-year loss/claims history, including details. (REQUIRED) Have you had any incident, event, occurrence, loss, or Wrongful Act, which might give rise to by this Policy, prior to the inception of this Policy? If yes, please explain:					☐ Yes ☐ No				
f the standard r	markets are decl	ining pla	cement, please explain	why:		□ Yes □ No			
•	_					☐ Yes ☐ No			
Is the Applicant in compliance with all local & state laws regarding manufacture and control dispensing of cannabis?									
yes, please ex	kplain in detail: _								
red Insurance			Per Person/Per Act/Ag	gregate					
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	das the Application of yes, attach a dave you had a by this Policy, point of yes, please end as any principal felony or DUI as the Applicant annabis? The standard results of the Applicant annabis a	las the Applicant or any predection of yes, attach a five-year loss/clateve you had any incident, ever by this Policy, prior to the incept of yes, please explain: las the Applicant, or anyone on the standard markets are declated as any principal, owner, officer of felony or DUI in the last 10 years of yes, please explain: sthe Applicant in compliance was annabis? styes, please explain in detail: styes, please explain in detail: styes, please explain in detail: styes, please explain of details.	das the Applicant or any predecessor every fives, attach a five-year loss/claims history fave you had any incident, event, occur by this Policy, prior to the inception of this fives, please explain: das the Applicant, or anyone on the Applicant fives are declining placed as any principal, owner, officer, director felony or DUI in the last 10 years? Tyes, please explain: Street Applicant in compliance with all local annabis? Tyes, please explain in detail: Tyes, please explain in detail	las the Applicant or any predecessor ever had a claim? If yes, attach a five-year loss/claims history, including details. (Flave you had any incident, event, occurrence, loss, or Wrongful by this Policy, prior to the inception of this Policy? If yes, please explain: It as the Applicant, or anyone on the Applicant's behalf, attempted the standard markets are declining placement, please explain as any principal, owner, officer, director, manager or managing a felony or DUI in the last 10 years? If yes, please explain: If yes, please explain in compliance with all local & state laws regarding annabis? If yes, please explain in detail: If yes, please explain in detail in det	Has the Applicant or any predecessor ever had a claim? If yes, attach a five-year loss/claims history, including details. (REQUIRED) Have you had any incident, event, occurrence, loss, or Wrongful Act, which my this Policy, prior to the inception of this Policy? If yes, please explain: Has the Applicant, or anyone on the Applicant's behalf, attempted to place this the standard markets are declining placement, please explain why: Has any principal, owner, officer, director, manager or managing member or eletony or DUI in the last 10 years? Fiyes, please explain: Is the Applicant in compliance with all local & state laws regarding manufacture annabis? Fiyes, please explain in detail: Fred Insurance Act/Aggregate OR Per Person/Per Act/Aggregate \$50,000/\$100,000 \$150,000/\$300,000 \$75,000/\$150,000/\$100,000 \$250,000/\$500,000/\$1,000,000 \$250,000/\$500,000/\$1,000,000 Other: Other:	Has the Applicant or any predecessor ever had a claim? If yes, attach a five-year loss/claims history, including details. (REQUIRED) Have you had any incident, event, occurrence, loss, or Wrongful Act, which might give rise by this Policy, prior to the inception of this Policy? If yes, please explain: Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in stand in the standard markets are declining placement, please explain why: Has any principal, owner, officer, director, manager or managing member or employee event felony or DUI in the last 10 years? Fiyes, please explain: If yes, please explain in compliance with all local & state laws regarding manufacture and control annabis? Fiyes, please explain in detail: Fiyes, please explain i			

D.	Bu	siness Activities and Gross Re	eceipts: (check all that apply and answer question below)				
		☐ Cultivation / Growing:	% of Total Gross Receipts \$				
		☐ Processor of Marijuana:	% of Total Gross Receipts \$				
		☐ Manufacturers & Contractors	s: % of Total Gross Receipts \$				
		☐ Recreational Retail:	% of Total Gross Receipts \$				
		☐ Medical Marijuana Retail:	% of Total Gross Receipts \$				
		☐ Smoke Shop	% of Total Gross Receipts \$				
		☐ Cannabis Wholesale/ Broker	% of Total Gross Receipts \$				
	1.	Please list total annual gross re	eceipts: \$				
		CLASSIFICATION	DESCRIPTION ADD	RESS			
Gen	era	I Liability					
Man	ufa	cturing/Cooking -		-			
Prod	luct	s Liability (need separate					
appli	icat	ion)					
Com	me	ercial Property (Building and					
Cont	en	ts) (needs separate					
appli	icat	ion)					
Crop appli		ultivation (need separate					
	2.	How much of your inventory is	displayed to sustamors?				
We are already and the second of the second				L 103 L 110			
		☐ Yes ☐ No					
		_ 100 _ 100					
	6. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the						
strongest product?				9			
		- '	name, concentration (%), and dosage (mg) of active canr	nabinoids per			
				·			
7. Does Applicant maintain a ledger with a record of the quantity of marijuana or marijuana				product dispensed in			
		each transaction, the type and source of the marijuana dispensed, total amount paid by customer for all					
		goods and services provided, and the date and time dispensed? ☐ Yes ☐ No					
		If no, please explain:					
	8.	Does Applicant maintain separa	ate records or medical and recreational marijuana products	s? □ Yes □ No			
!	9.	Does Applicant grow medical o	r recreational marijuana or are other plants on premises?	☐ Yes ☐ No			

E. Manufacturing/Cooking ☐ Yes ☐ No 1. Does Applicant manufacture/cook any products? If yes, answer the below questions. If no, skip to next section. a. Where does manufacturing take place? ☐ Premises ☐ Other: _____ ☐ Indoors ☐ Outdoors i. If outdoors, provide the approx. size of the processing area in acres: _____ 2. Will there be open flame cooking and/or fryer operations? ☐ Yes ☐ No If yes, what products? ___ If yes, are the operations conducted under a non-combustible power ventilation hood? ☐ Yes ☐ No Does Applicant have a quality assurance plan in place? ☐ Yes ☐ No If yes, please describe: 4. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the Applicant? ☐ Yes ☐ No If yes, products liability application must be completed (if coverage is desired). Do any products, ingredients, or components originate from outside the United Stated? ☐ Yes ☐ No a. Specify which products are imported and where from: ______ b. Are imported products and components tested for contamination and verified that they match what was ordered? 6. For products that Applicant does not produce or manufacture, does Applicant obtain certificates of insurance evidencing products coverage and require to be listed as an additional insured from all US based manufacturers or suppliers? ☐ Yes ☐ No If no, please explain: ___ 7. For products that Applicant does not produce, does Applicant obtain certificates of analysis evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier? ☐ Yes ☐ No If no, please explain: Does Applicant use a 3rd party testing lab to test their marijuana containing products? ☐ Yes ☐ No If yes, please explain what is specifically tested for: _____ If no, how does Applicant ensure product purity?: ____ 9. Will your operations include extraction of cannabis oils? ☐ Yes ☐ No If yes, what extraction method is used?: _____ **Premises / Property Questions:** ☐ Yes ☐ No Does Applicant own the building? Year building was built: _____ How many building/structures at this location?: _____ Square footage of building Applicant occupies: 4. Are there fully operational fire sprinklers? ☐ Yes ☐ No

5.

☐ Yes ☐ No

Describe area in which the building is located in (ie: residential, commercial, industrial, etc.):

Is the nature of this business advertised on outside of the building?

7.	Does Applicant occupy the entire building?	☐ Yes ☐ No
	If yes, how are the connecting doors secured?:	
	If no, are there connecting doors to adjacent units?	☐ Yes ☐ No
8.	Does anyone live or reside on this property?	☐ Yes ☐ No
	If yes, describe occupancy:	
	If yes, is a separate homeowners insurance policy in place?	☐ Yes ☐ No
9.	Do the premises have a security system in place?	☐ Yes ☐ No
	If yes, please describe in detail:	
10.	Are all windows and doors connected to security system?	☐ Yes ☐ No
11.	Are all alarm systems fully operational during non-business hours?	☐ Yes ☐ No
	If no, please list in detail:	
12.	Are there firearms on property?	☐ Yes ☐ No
	If yes, please list safety protocol and where firearm is stored:	
13.	Does Applicant have an approved safe?	□ Yes □ No
14.	Does Applicant have a vaulted room?	☐ Yes ☐ No
15.	Does Applicant have interior and exterior cameras?	☐ Yes ☐ No
	If yes, how long is footage retained?:	
16.	Does Applicant have a "buzz in" system or security at door?:	

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sublimit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

- 1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
- 2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
- 3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
- 4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated:	Dated:
Applicant:	Agent/Broker:
Signature	Signature
Print Name	Print Name