/ SUPPLEMENTAL APPLICATION

Cannabis & Hemp Supplemental

Cultivation, processing, retail, and product exposures for cannabis and hemp.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

CANNABIS / HEMP OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

OPERATIONS

Check every operation the applicant engages in. Provide percentages of revenue where requested below.

Operations (check all that apply)

- ☐ Cultivation — indoor
- ☐ Cultivation — outdoor
- ☐ Cultivation — greenhouse
- ☐ Processing / extraction
- ☐ Manufacturing — infused products
- ☐ Manufacturing — edibles
- ☐ Manufacturing — vape / concentrate
- ☐ Distribution / wholesale
- ☐ Dispensary / retail
- ☐ Delivery service
- ☐ Testing laboratory
- ☐ Hemp / CBD operations
- ☐ Consumption lounge
- ☐ Lessor's risk only (landlord)
- ☐ Other

IF OTHER, DESCRIBE

YEARS IN CANNABIS / HEMP OPERATIONS

% RECREATIONAL (ADULT-USE)

% MEDICAL

% HEMP / CBD

PATIENT CARE / PHYSICIANS ON STAFF? (Y/N)

% CULTIVATION

% PROCESSING / MFG

% DISTRIBUTION

% RETAIL / DISPENSARY

% DELIVERY

1. Are operations limited to hemp / CBD containing less than 0.3% THC? ☐ YES ☐ NO

2. Does the applicant grow, process, or sell adult-use (recreational) marijuana? ☐ YES ☐ NO

3. Does the applicant operate a delivery service using owned or hired vehicles? ☐ YES ☐ NO

4. Does the applicant operate a consumption lounge or on-site consumption area? ☐ YES ☐ NO

IF YES, DESCRIBE (INDOOR/OUTDOOR, FOOD/BEVERAGE, SEATING)

LICENSING & REGULATORY COMPLIANCE

List each state cannabis/hemp license held. Attach a copy of all current licenses.

State License Schedule

LICENSE TYPE (CULTIVATION, MFG, DISTRIBUTION, RETAIL, DELIVERY, TESTING, HEMP, ETC.)	STATE	LICENSE / PERMIT #	EXPIRATION

PRIMARY STATE(S) OF OPERATION

LICENSING / REGULATORY AGENCY

5. Does the applicant hold a state license in its own legal business name for every operation performed? ☐ YES ☐ NO

6. Is the applicant in good standing with all applicable state and local cannabis regulators? ☐ YES ☐ NO

7. Does the applicant use a state-mandated seed-to-sale tracking system (e.g., Metrc, BioTrack, Leaf)? ☐ YES ☐ NO

8. Has the applicant ever been cited, fined, or had a license suspended/revoked by a regulatory agency? ☐ YES ☐ NO

IF YES, DESCRIBE

9. Has the applicant, any owner, officer, or partner ever been convicted of a felony or misdemeanor? ☐ YES ☐ NO

IF YES, DESCRIBE

10. Has the applicant or any principal ever declared bankruptcy? ☐ YES ☐ NO

IF YES, EXPLAIN

PREMISES & CONSTRUCTION

# OF LICENSED LOCATIONS	TOTAL BUILDING SQ FT	SQ FT DEDICATED TO CANNABIS OPS	SURROUNDING AREA (URBAN / RURAL / AGRICULTURAL)

11. Does the applicant rent or lease any premises? (attach landlord schedule if yes) ☐ YES ☐ NO

12. Are any construction operations or building renovations planned before or during occupancy? ☐ YES ☐ NO

13. If renovations are planned, will a licensed contractor perform the work and provide certificates of insurance? ☐ YES ☐ NO

14. Are there any dwellings or living quarters on the premises? ☐ YES ☐ NO

15. Is the premise located in a rural or agriculturally-zoned area? ☐ YES ☐ NO

16. Are any firearms kept, stored, or carried on the premises? ☐ YES ☐ NO

LANDLORD NAME(S) / SCHEDULE (IF LEASED)	ESTIMATED COST OF PLANNED WORK $

CULTIVATION / GROWING OPERATIONS

Growing method (check all)

☐ Indoor ☐ Outdoor (open field) ☐ Greenhouse ☐ Hydroponics

☐ Aeroponics ☐ Automated watering ☐ Soil / living soil ☐ Not applicable

# OF PLANTS (MATURE / IMMATURE)	CANOPY SQ FT	LIGHTING TYPE (LED / HPS / ETC.)

17. Do growing operations occur in a greenhouse? ☐ YES ☐ NO

IF YES, DESCRIBE FRAME TYPE AND COVERING MATERIALS

18. Are hydroponic, aeroponic, or automated watering systems used? ☐ YES ☐ NO

IF YES, DESCRIBE AUTOMATIC SHUTOFF / ANTI-FLOOD MEASURES

19. Has the building electrical system been upgraded for grow operations? ☐ YES ☐ NO

IF YES, DESCRIBE UPGRADE

20. Are CO2 generators, ozone generators, or other environmental-conditioning equipment used? ☐ YES ☐ NO

IF YES, DESCRIBE EQUIPMENT

21. Is a backup power generator installed? ☐ YES ☐ NO

DESCRIBE GROW METHOD (LIGHTING, CLIMATE, IRRIGATION, FERTIGATION, PEST CONTROL)

PROCESSING & EXTRACTION

Extraction / processing method (check all)

☐ Solvent — butane (BHO) ☐ Solvent — propane ☐ Solvent — ethanol

☐ Solvent — CO2 / supercritical ☐ Solventless (rosin / ice water / no heat) ☐ Heat / pressure / baking / cooking

☐ Distillation ☐ Infusion (edibles / topicals) ☐ No extraction / processing

PRIMARY SOLVENT(S) USED

CLOSED-LOOP SYSTEM? (Y/N)

TYPES & QUANTITIES OF GAS / FLAMMABLES STORED

22. Is any solvent-based extraction performed on the premises? ☐ YES ☐ NO

23. Is all extraction performed in a UL-listed / UL-rated, peer-reviewed Class 1, Division 1 room? ☐ YES ☐ NO

IF NOT CLOSED-LOOP OR NOT IN A C1D1 ROOM, CLARIFY

24. Is an automatic exhaust ventilation system installed in the extraction area? ☐ YES ☐ NO

25. Are sprinklers installed in the extraction area (and in fume hoods where applicable)? ☐ YES ☐ NO

26. Is the extraction-area electrical system explosion-proof? ☐ YES ☐ NO

27. Is an automatic gas-detection system installed? ☐ YES ☐ NO

28. Are compressed-gas cylinders stored in approved cages on an external wall? ☐ YES ☐ NO

29. Are flammables stored in UL-listed flammable-storage cabinets? ☐ YES ☐ NO

30. Are all utensils and tools used in extraction non-sparking? ☐ YES ☐ NO

31. Are edibles or extracts cooked, baked, or prepared using heat, with quarterly-maintained fire-extinguishing systems? ☐ YES ☐ NO

32. Is the applicant in compliance with all state and local regulations for butane/propane storage and explosion containment? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

DESCRIBE EXTRACTION METHOD AND POST-PROCESSING IN DETAIL

PRODUCT TESTING & QUALITY

INDEPENDENT 3RD-PARTY TESTING LAB(S)

FREQUENCY OF TESTING

33. Is every batch/lot tested by an independent third-party laboratory before sale? ☐ YES ☐ NO

34. Are Certificates of Analysis (COA) obtained and retained for all products (potency, pesticides, microbials, heavy metals)? ☐ YES ☐ NO

35. Are products labeled with potency, dosage, batch/lot, and required regulatory warnings? ☐ YES ☐ NO

36. Is there a written quality-control and recall program with batch traceability? ☐ YES ☐ NO

37. Has the applicant ever had a product recall? ☐ YES ☐ NO

IF YES, DESCRIBE

38. Are there any present situations or conditions that could lead to a product recall? ☐ YES ☐ NO

IF YES, DESCRIBE

39. Are there any discontinued products? ☐ YES ☐ NO

IF YES, EXPLAIN

SECURITY

Indicate every security control in place across the premises.

Security measures (check all)

- ☐ Interior cameras
- ☐ Exterior cameras
- ☐ 24/7 video surveillance
- ☐ Days of footage retained
- ☐ Centrally-monitored burglar alarm
- ☐ Central-station fire alarm
- ☐ Motion sensors / detectors
- ☐ Door greeter / ID checker
- ☐ Double entrance / man-trap
- ☐ Safe / vault
- ☐ Cash drop / armored pickup
- ☐ Access-control system (key-card / biometric)
- ☐ Armed guards
- ☐ Unarmed guards
- ☐ Guard dogs
- ☐ Gated / barred windows and doors
- ☐ Vision-obscured fencing (8'+)
- ☐ Sprinkler system

DAYS VIDEO FOOTAGE RETAINED

SECURITY STAFF (NONE / UNARMED / ARMED)

GUARD DOG BREED (IF ANY)

40. Are security guards contracted from a third party (with COI and hold-harmless on file)? ☐ YES ☐ NO

41. Are guard dogs handled only by trained personnel? ☐ YES ☐ NO

42. Is cash kept in a safe/vault and removed on a documented schedule? ☐ YES ☐ NO

43. Is the inventory storage area separately secured with limited, logged access? ☐ YES ☐ NO

Sales / Revenue — Five-Year History (by category)

SALES CATEGORY	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Cultivation Sales					
Processing / Mfg Sales					
Wholesale / Distribution Sales					

SALES CATEGORY	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Retail / Dispensary Sales					
TOTAL					

PROPERTY, STOCK & CROP VALUES

Provide values to be insured. Living plants and harvested stock are valued separately from finished goods.

Total Insurable Values

COVERAGE ITEM	VALUE $
Building (if owned)	
Tenant Improvements & Betterments	
Business Personal Property / Contents	
Equipment & Machinery (grow lights, HVAC, extraction)	
Finished Stock / Inventory (saleable product)	
Harvested Stock (drying / curing, not yet finished)	
Living Plants / Growing Crop	
Outdoor / Field Crop	
Business Income / Extra Expense	

TOTAL INSURABLE VALUE (TIV) $

MAX VALUE OF STOCK AT ANY ONE LOCATION $

MAX VALUE OF LIVING PLANTS AT ANY ONE TIME $

PRODUCT LIABILITY — INGESTIBLES & INHALABLES

% INGESTIBLE PRODUCTS (EDIBLES, TINCTURES, CAPSULES)

% INHALABLE PRODUCTS (FLOWER, VAPE, CONCENTRATE)

% TOPICAL / NON-CONSUMABLE

44. Does the applicant manufacture, sell, or distribute any product intended for human ingestion or inhalation? ☐ YES ☐ NO

45. Are vaporizer hardware / cartridges sold under the applicant's brand or label? ☐ YES ☐ NO

46. Does the applicant sell products containing Delta-8, Delta-10, THC-O, or other novel/synthetic cannabinoids? ☐ YES ☐ NO

47. Has the applicant ever received a product-liability claim, suit, or demand? ☐ YES ☐ NO

IF YES, DESCRIBE

48. Does the applicant carry separate product-liability or product-recall coverage today? ☐ YES ☐ NO

49. Does the applicant rely on hold-harmless / indemnity agreements from suppliers, white-label partners, or co-packers? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

GENERAL LIABILITY — EACH OCCURRENCE

GENERAL LIABILITY — AGGREGATE

PRODUCTS / COMPLETED-OPERATIONS AGGREGATE

PRODUCT LIABILITY LIMIT

PROPERTY TIV $

CROP / LIVING-PLANT LIMIT $

PROPERTY DEDUCTIBLE / SIR

HIRED & NON-OWNED AUTO (DELIVERY)

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

INSURANCE HISTORY

50. Has any cannabis/hemp insurance been cancelled or non-renewed in the past 5 years? ☐ YES ☐ NO

51. Is the applicant aware of any occurrences, incidents, or circumstances that may result in a claim? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

52. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

53. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

54. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #