



Medical Marijuana Crop Insurance

All questions must be completed in full. If space is insufficient to answer any questions please attach a separate sheet. **Once complete please fax to 800.420.1975 or app@420ins.com. Please call 800.420.5757 with any questions or concerns.**

1. Full Name of Applicant: _____
2. Contact Name: _____
3. Principal business address: _____
City: _____ State: _____ Zip Code: _____
4. Business Phone: _____ Business Fax: _____
5. Email Address: _____
6. Business Entity Type:
____ Corporation ____ LLC ____ Sole Proprietor ____ Partnership
7. Requested Policy Effective Date: _____
8. Year Business Started _____ Years Experience _____
9. Gross Revenues Prior Year: \$ _____
10. Estimated Future Gross Revenues: \$ _____
11. Has your facility been inspected by a licensed electrician who has determined that the power supply and circuits are adequate for your operations? ____ Yes ____ No
a. This application must include a signed letter from the contractor on their company letterhead stating the electrical architecture of the premises is adequate for the applications operations.
12. The construction of the building you occupy is:
____ Frame ____ Tilt-Up/Concrete block/ Joisted masonry ____ Fire Resistive
____ Metal ____ Other. If Other, describe _____
13. Year building was built? _____.
14. Square Footage or Acreage of your facility? _____
15. Is your location: ____ Rural ____ Suburban ____ Urban.
16. Please describe your:
Left Neighbor and Distance _____
Right Neighbor and Distance _____

Rear Neighbor and Distance _____

Front Neighbor and Distance _____

17. Please provide the year the following were updated:

System	Year update complete
Electrical wiring	
Heating Systems	
Plumbing Systems	
Roofing System	

18. Please explain how you maintain a constant temperature in the grow facility?

19. Please explain how you maintain proper ventilation in the grow facility?

20. Please explain how you maintain a constant humidity in the grow facility?

21. Do you use Moisture Meters when watering? Yes No

22. Which of the following safes does the grow facility utilize?

- One ton (2000 lbs) or more Safe
 TL-15 Rated (bolted to the floor)
 TL-30 Rated (bolted to the floor)
 At least a 2 hr. UL class 350 fire resistive rating

23. Which of the following security systems are utilized (please indicate all that apply)

<input type="checkbox"/> Central Burglar Alarm	<input type="checkbox"/> Security Vestibule / Man-Trap
<input type="checkbox"/> Interior Cameras	<input type="checkbox"/> Gated Doors
<input type="checkbox"/> Exterior Cameras	<input type="checkbox"/> Gated Windows
<input type="checkbox"/> Motion Detectors	<input type="checkbox"/> Metal Door
<input type="checkbox"/> Door Intercom	<input type="checkbox"/> Hold-Up / Panic Button

