

FOUR TWENTY

INSURANCE GROUP

Applicant's Instructions:

Questions or comments please call 800.420.5757

For Sections that do not apply please mark N/A.

Once Complete please fax to 800.420.1975 or email app@420ins.com

Name of Applicant: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Contact: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

1) Years In business: _____

2) Gross Sales for next 12 Months: _____ Previous 12 Months: _____

3) Number of Full Time Employees: _____ Part-Time: _____

4) Payroll for the next 12 months: _____ Previous 12 Months _____

a) Job Title: _____ Annual Payroll:\$ _____

b) Job Title: _____ Annual Payroll:\$ _____

5) Insurance Coverage Desired: *Please assign and total dollar value to each line*

Medicine, Edibles or Infused Products	\$ _____
Tenant Improvements and Betterments	\$ _____
Furniture, Fixtures etc...	\$ _____
Computers and Computer Hardware	\$ _____

6) Is the nature of the business advertised on the outside of the building? Yes No

7) Total Building Square footage: _____ Unit Square Footage _____

8) Year Building Was Built: _____

9) How many stories is the building you occupy? _____

10) Is the building sprinklered? Yes No

11) The construction of the building you occupy is:

Frame Tilt-Up/Concrete block/ Joisted masonry Fire Resistive
 Other. If Other, describe _____

12) What floor is the applicant located on? _____ Other.- If Other, describe:

13) Do you occupy the entire building? Yes No.

a) If No, are there interior connecting doors to adjacent units? Yes No

b) If answered Yes, how are the connecting doors secured i.e. deadbolts, alarms etc. _____

14) Do you utilize security doors? Yes No

a) If answered Yes, how are they secured?

15) 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

16) Does the applicant have any weapons on premises? Yes No

17) Do you have a written plan or manual that describes your business security procedures, including what to do in the event of a robbery or other crime? Yes No

18) Are employees instructed to cooperate and obey the robber's instructions and not to resist? Yes No

19) Do you utilize employees as:

a) Door identification checkers? Yes No

b) Bouncers or security guards? Yes No

i) If Yes, are they armed? Yes No

20) Do you utilize private security guards Yes No

a) If Yes, are they armed? Yes No

- b) If Yes, do you require certificates of insurance and ask to be added as an additional insured on their policy? Yes No
- 21)** Does the applicant make deliveries off premises? Yes No
- 22)** Do you verify that purchasers of marijuana and marijuana infused products have a valid Medical Marijuana User ID Card for the location you are operating? Yes No
- 23)** How much inventory is displayed to customers?
 0-5% 6-10% 11-25% Greater than 25%
- 24)** Agreed Value of inventory kept on premises? (Whole Cost)
 \$ _____
- 25)** After business hours, is all inventory stored in a locked safe that meets at least one of the following security specifications? Yes No (Check off all that apply)
 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.
- 26)** Do you keep written records of all products purchased? Yes No
 a) If yes, how are the records stored and maintained?

- 27)** Does your record keeping maintain the following:
- a) Date of Purchase Yes No
- b) Type of Product Purchased Yes No
- c) Cost of Product Purchased Yes No
- d) Copies of Receipts Yes No
- 28)** Do you grow Marijuana or other cannabis plants on the premises? Yes No
 a) If yes, please specify the barrier to enter the growing area?
- | | |
|---|---|
| <input type="checkbox"/> Wood Door w/Keylock or Deadbolt | <input type="checkbox"/> Wood Door w/ Keypad or Magnetic Fob |
| <input type="checkbox"/> Metal Door w/Keylock or Deadbolt | <input type="checkbox"/> Metal Door w/ Keypad or Magnetic Fob |
- 29)** Any other operations besides dispensing cannabis, i.e. massage, acupuncture, selling herbal remedies Yes No. If yes, describe: _____

Representations & Warranties

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

It is that hereby agreed and understood that the following warranties apply to this policy and no coverage will be afforded for theft unless the following items are adhered to:

- 1) During non Business hours, all stock must be kept in a locked safe (1/2 ton or TL-15 rating or greater bolted to the floor). This includes perishable items such as kif, butane hash and edibles.
- 2) During business hours, all stock not on display will be kept in a locked safe with the same requirement as during non-business hours.
- 3) Burglar alarm must be in place, turned on and fully operational during all non-business hours. All windows and doors leading to the outside, stairwells and hallways must have contact in place. Motion detectors must be present in the room in which the safe is kept.

Signature

Title

Date

Printed Name