



MEDICAL MARIJUANA APPLICATION

PLEASE ANSWER ALL QUESTIONS – IF AN ANSWER TO A QUESTION IS NONE, STATE “None” or “0”
IF THEY DO NOT APPLY, INDICATE “N/A” - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

GENERAL INFORMATION

1. **Named Insured** (as it should appear on the policy):

2. **Mailing Address:**

Postal Code:

3. **Location Address** (if different than mailing address above):

Postal Code:

4. **Website Address:** _____

5. Are you a current member of the Canadian National Medical Marijuana Association? Yes No

6. Have you a valid Health Canada license? Yes No

COMPANY INFORMATION

1. Year established: _____

2. Have you acquired any companies within the last 3 years? Yes No
If Yes, please provide details:

3. Please list all subsidiary companies for whom cover is required. (Cover will not be provided for subsidiaries unless listed and agreed upon by us)

4. Are you a subsidiary of another company? Yes No
 If Yes, please provide details:

5. Have you every operated under another name? Yes No
 If Yes, please provide details:

6. Describe your business activities:

7. Please provide a breakdown of your gross revenue by country (DOLLAR AMOUNT):

Country	Previous 12 months	Anticipated for the next 12 months
Canada		
United States		
Other; please list:		

8. Please provide a breakdown of your business activities:

<u>Business Activity</u>	<u>% of Total Revenue</u>
Production (Fully Authorized Licensed Producer)	
Direct sales	
Wholesale distribution (Cultivation Only)	
Dispensary	
Research (for others)	
Other; please specify _____	

9. Please list your 2 largest commercial customers:

Customer	Size of Contract	Length of Contract	Type of Product/Service

PRODUCT INFORMATION

1. Have any of your products been subject to an unexpected or unintended serious side effect or adverse drug reaction? Yes No
If Yes, please provide details:

2. Do you contract out product development, manufacturing, sales or distribution services? Yes No
If Yes, please provide details:

3. Are any of your products sold under other’s labels or as components of other’s products? Yes No
If Yes, please provide details:

4. Do you sell your products or services via the internet? Yes No
If Yes, has the website content been reviewed by legal counsel?

5. Does your Company plan to introduce any new products or services within the next 12 months? Yes No
If Yes, please provide details:

REGULATORY AND COMPLIANCE INFORMATION

1. To the best of your knowledge are you currently in compliance with all applicable government regulations? Yes No
If No, please explain:

2. Have any of your products been subject to an inquiry or been investigated by any regulatory authority? Yes No
If Yes, please provide details:

3. Have any of your products been recalled, withdrawn or discontinued due to a safety or performance reason; initiated by you or a regulatory authority? Yes No
If Yes, please provide details:

4. Have all your manufacturing locations been inspected by the relevant regulatory authority? Yes No
If Yes, when was the date of the last inspection?
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RISK MANAGEMENT INFORMATION

1. Do you have a formal quality control program in place? Yes No
If Yes, when was it last updated?
-

2. Do you have a formal recall plan in place? Yes No
If Yes, when was it last updated?
-

3. Do you have a system for documenting incident reports and/or complaints? Yes No
If Yes:

a) Who is responsible for recording and handling complaints?

b) How long are records retained? _____

4. Do you maintain samples of your products? Yes No
If Yes, how long are they retained?

5. Are all contracts reviewed by legal counsel concerning the following:

- | | | | |
|--------------------------|------------------------------|-----------------------------|------------------------------|
| a) Contractual Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| b) Product Labeling | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| c) Package Inserts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| d) Product Guarantees | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| e) Promotional Materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| f) Copyright | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| g) Trademark | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| h) Registered Design | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

6. For all products which you are a distributor:
- a) Do you receive a certificate of products liability insurance from the manufacturer? Yes No
- b) Are you added to the manufacturer's policy as an additional insured? Yes No
- c) Do you retain right of recourse against the manufacturer? Yes No
7. Do you require certificates of insurance from all suppliers and sub-contractors? Yes No
If No, explain:
-

PREMISES INFORMATION

- Do you store any hazardous substances on your premises? Yes No
- If Yes, are you in compliance with all applicable laws regarding hazardous materials handling and disposal? Yes No

PROPERTY

Mortgagees/Loss Payees – Name and Mailing Addresses:

List all Other tenants:

BUILDING CONSTRUCTION

Year Built: _____ Additions: _____ Upgrades: _____ No. of Storeys: _____

Wall Construction: Concrete/Brick Steel Frame
 Wood Frame Other: _____

Roof Construction: Concrete Steel Deck Wood Joist
 Steel on Steel Other: _____

Roof Year Updated: _____

Floor Construction: Concrete Concrete on Steel Wood Other: _____

Area -grade(sq. ft.): _____ Total Area (sq. ft.): _____

Heating: Forced Air Hot Water Other Year Updated: _____

Plumbing: Copper Plastic Other Year Updated: _____

Electrical: Have upgrades been approved by local electrical authority and performed by local licenced electrician? Yes No

Ventilation: Has Ventilation system been upgraded? Yes No
Backup generator? Yes No
Temperature alarm? Yes No
HP of Refrigeration: _____ HP

Protection: Burglary Trained Security Dogs? Yes No
Name of Alarm/Security Company: _____

MMPR Security Level: _____ (1 – 11)

Pre-Employment Screening:

Do You Require: Criminal background check? Yes No

Fire Protection: Sprinkler %: _____ Local Alarm Central Station Monitored Alarm
 Fire Alarm Local Alarm Central Station Monitored Alarm
 Fire Extinguishers #: _____

COVERAGES

Fire and E.C.: _____ Broad Form: _____ Deductible: _____

	Insured Limits		Insured Limits
Building		Business Interruption G.E.	
Stock		Business Interruption Profits	
Equipment		Extra Expense	
Office Contents		Computers	
Transit			

Other: _____

COVERAGE REQUIREMENTS

What type of coverage and limit of liability are you seeking?

<u>Type of Coverage</u>	<u>Limit of Liability</u>
General Liability:	_____
Products Liability:	_____

Other, please specify: _____

Claims History Within the last 5 Years

Include total costs from ground up for each claim

Date of Loss	Describe Occurrence	Open/Closed	Paid	Deductible

1. Has your Company ever had a written demand or civil proceeding for damages made against them? Yes No

If Yes, please provide the following details on a separate sheet:

- Date of claim
- Claimant's name
- Nature of claim
- Amount of indemnity payment and amount of defense costs
- Final dispositions or current status of claim

2. Are you aware of any circumstances that might give risk to a claim? Yes No
If Yes, please provide details:

INSURANCE HISTORY

1. Is your Company currently insured? Yes No
If Yes, please complete the table below for the past 3 years:

Coverage	Insurance Company	Limit of Liability	Premium
Property			
Liability			
Other			

2. Has any insurance company ever:
Declined, refused to renew or cancelled any insurance policy? Yes No

Please include the following with the application:

- Current product list
- Advertisements, brochures, descriptive literature

The completion and submission of this application to the Company does not constitute a promise to provide coverage or a binder of insurance.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

IF THE INFORMATION PROVIDED IN THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WARRANTS THAT THEY WILL IMMEDIATELY REPORT SUCH CHANGES TO THE INSURER.

THE COMPLETION AND SIGNING OF THIS APPLICATION DOES NOT CONSTITUTE A PROMISE TO PROVIDE COVERAGE. HOWEVER, IF A POLICY IS ISSUED, THIS APPLICATION SHALL SERVE AS THE BASIS OF SUCH CONTRACT AND WILL BE ATTACHED TO, AND FORM PART OF THE POLICY.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:

www.markelinternational.ca