

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – RETAIL CANNABIS INSURANCE

1. GENERAL INFORMATION

Name of Applicant: _____

Is the Applicant a: Corporation Partnership Limited Liability Partnership
 Individual Joint Venture
 Other (Specify) _____

Website: _____

Mailing Address: Street _____
City _____
Province _____ Postal code _____

Contact person: (for inspection) _____
Phone: _____ Email: _____

Number of years in business or date established: _____

Experience of Principals in cannabis, retail or related business:

Provincial or Health Canada License/Certificate: Attached To follow

Coverage effective date: _____

2. RISK ADDRESS Same as mailing address (If different, please complete below.)

Street _____
City _____
Province _____ Postal code _____

3. MORTGAGES / LOSS PAYEES – Name and address:

4. OCCUPANCY – Description of Operations:

List all occupants/tenants:

5. 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: _____

Floor Construction: Concrete Concrete on Steel Wood Other: _____

Total Building Area (sq. ft.): _____ Area occupied by Insured (sq. ft.): _____

Heating: _____ Year Updated: _____

Plumbing: _____ Year Updated: _____

Wiring: Fuses Circuit Breaker Year Updated: _____
 Other _____

Exposures: Right: _____ Left: _____
Front: _____ Rear: _____

6. SECURITY DETAILS

| | |
|---|--|
| Monitored Fire Alarm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monitored Burglar Alarm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interior Video Cameras? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Security Guards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Door Greeter / ID Validation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gated Windows? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fencing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exterior Video Cameras? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gated Doors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hold-Up / Panic Button? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all security measures fully operational during non-business hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are guards and/or greeters employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, do independent contractors carry their own insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant require COI from Contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any firearms on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are employees instructed to cooperate and obey robber's instructions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of alarm monitoring company: _____ | |

IS CANNABIS STOCK STORED IN A SAFE OVERNIGHT? Yes No

Is the safe bolted to the floor Yes No

Cannabis Storage Room meets Provincial Standards Yes No

Municipal Protection:

Number of Hydrant(s) within 500 feet: _____

7. COVERAGES

Named Perils: _____ Broad Form: _____ Deductible: _____

| | INSURED LIMITS | | INSURED LIMITS |
|--------------------------------------|----------------|---------------------|----------------|
| Building | \$ | Rental Income | \$ |
| Cannabis Stock | \$ | Profits | \$ |
| Non Cannabis stock | \$ | Extra Expense | \$ |
| Equipment incl. tenants improvements | \$ | Valuable Papers | \$ |
| Security equip incl. computers & POS | \$ | Accounts Receivable | \$ |
| Employee Dishonesty | \$ | Professional Fees | \$ |
| Crime Covers | \$ | Tools | \$ |
| Other: _____ | \$ | Other: _____ | \$ |

Other Coverage Required: Standard Extensions Replacement Cost Boiler & Machinery
 Flood Earthquake Sewer Backup

8. LIABILITY LIMIT REQUIRED: \$ _____

9. SALES BREAKDOWN & LIABILITY INFORMATION

| PRODUCTS | NEXT 12 MONTHS | PAST 12 MONTHS |
|---|----------------|----------------|
| Cannabis (leaves, buds, flower) | \$ | \$ |
| Infused products (baked goods, candies, food or drink) | \$ | \$ |
| Cannabis oil cartridges or concentrates for use with vaporizers | \$ | \$ |
| Vapes, electronic cigarettes | \$ | \$ |
| Smoking accessories (excluding vapes) | \$ | \$ |
| Other (specify) _____ | \$ | \$ |
| TOTAL SALES | \$ | \$ |

Specify the products sold in the vape category:

Any vendor (manufacturer of vapes/e-cigarettes) protection?

Is the Applicant in compliance with all local and municipal and provincial laws? Yes No

Do you prohibit the sale of cannabis to persons impaired by cannabis, prescription or illegal drugs, alcohol, or other intoxicants, or showing signs of impairment? Yes No

What steps are taken to prevent the sale of cannabis to minors?

Do all of your employees receive, prior to commencement of employment by you, all mandatory education, training and certifications required by applicable Provincial laws? Yes No

Provide Hours of Operation: _____

Employees: _____

Payroll: _____

Do you provide delivery service? Yes No

If so – own employees or third party drivers? Own Third party

Security protocols? GPS tracking Yes No

In vehicle cameras Yes No

If third party delivery – are the drivers bonded? Yes No

Is photo ID checked and verified before delivery Yes No

10. PREVIOUS INSURANCE

Carrier: _____

Policy No: _____

Expiry Date: _____

Has cover been cancelled or declined in the past? Yes No If Yes, why?

11. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

| DATE | DESCRIPTION | PAID | AMOUNTS OUTSTANDING | EXPENSE | STATUS |
|------|-------------|------|---------------------|---------|--------|
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

12. BROKER COMMENTARY

(a) Is this business new to you? Yes No

(b) Have you visited the insured premises? Yes No

If Yes, please consider:

(i) Housekeeping: Good Fair Poor

(ii) Physical condition: Good Fair Poor

(iii) Financial position: Good Fair Poor

(iv) Neighbourhood: Good Fair Poor

MINIMUM RETAIL CANNABIS REQUIREMENTS

1. PROVINCIAL LICENCE

2. Security requirements

- Minimum = equivalent to – AGLC retail cannabis handbook guidelines <https://aglc.ca/cannabis/retail-cannabis-store-licences/retail-cannabis-store-handbook> PLUS (since we pay your claims not the government)
- **Monitored burglar alarm system including cameras in receiving, storage, dispensing and waiting rooms with recording and 60-day record retention.**
- **Electronic controlled entrance to dispensing room**
- **Masonry or intrusion prevention measures (steel mesh) on adjoining partition walls**
- **Mandatory Criminal background checks for employees**
- **Crime prevention training manual**
- **Secure loading dock procedures and inventory controls**
- **Bollard (vehicle impact) protection (where applicable)**

In order to quote terms in a timely manner please provide completed applications including security details and photos – front & rear of the building, the security system and copies of provincial license and security system certificate.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____



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