

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
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APPLICATION: PERSONAL CANNABIS & CANNABIS LANDLORDS

APPLICANT IS: ACMPR Part 2 Grower (Personal and/or Designated Grower) previously MMAR
 Building Owner/Landlord

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

Additional writing space is also available on page 6.

GENERAL INFORMATION

1. NAMED INSURED (as it should appear on the policy):

2. MAILING ADDRESS:

3. LOCATION ADDRESS (if different than mailing address above):

Description of Location (ie. Residential, Commercial single unit, Commercial Multi Unit, etc.)

4. HAVE YOU A VALID HEALTH CANADA LICENSE? Yes No If Yes, please attach a copy.

Do you grow for others? Yes No

How many licenses held? _____

5. BUSINESS ACTIVITIES / REVENUE / LIMIT REQUIRED:

	RENTAL INCOME	REVENUE	LIABILITY LIMIT
Landlord			
Grower			

If any Grower sales reported, please provide details:

6. THIS APPLICATION FOR LIABILITY COVERAGE IS FOR

- Public Liability ONLY
- Products Liability in addition to Public Liability (require separate application)

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PROPERTY DETAILS

A. MORTGAGEES/LOSS PAYEES – NAME AND MAILING ADDRESSES:

B. OCCUPANCY / PROCESS/ SPECIAL HAZARDS INCLUDING OIL EXTRACTION METHOD (if applicable)

Confirm only approved chemicals and pesticides are used in your operation: Yes No

If No, please provide details:

List all other tenants:

C. 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: _____

Year Roof Updated: _____

Roof Covering Tar & Gravel Shingles Rubber Membrane
 Other: _____

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 licensed electrician?
 Yes No

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

Municipal Protection: # Hydrants within 500 feet _____ Fire Hall _____ Distance _____

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

Protection: Burglary Fenced yard Other: _____
 Metal bars or grills protecting all glass doors and windows

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

D. COVERAGES

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

PROPERTY COVERAGE	INSURED LIMITS
Building	
Equipment/Contents	
Other	
Rental Income	
Misc Property	

OPTIONAL COVERAGES: Select any of the following optional coverage(s) you require

Earthquake
 Sewer Back-Up
 Replacement Cost
 Flood
 By-Laws
 Boiler and Machinery
 Other/Notes: _____

E. CLAIMS HISTORY WITHIN THE LAST 5 YEARS

Include total costs from ground up for each claim

DATE OF LOSS	DESCRIBE OCCURRENCE – STATE PROPERTY OR LIABILITY LOSS	OPEN/CLOSED	PAID	DEDUCTIBLE

F. INSURANCE HISTORY

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			

Has any insurance company ever:

Declined, refused to renew or cancelled any insurance policy? Yes No

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

For: **Building Owner, Patient Grower and/or Designated Grower** please complete the below Electrical System Declaration. Or have the electrical contractor provide a signed letter on company letterhead stating that:

The electrical system of the premises is adequate for the applicant's operations.

* *ELECTRICAL SYSTEM DECLARATION* *

I, _____ declare that the electrical panel and Electrical system used for growing Medical Marijuana at the insured location(s) below has been inspected by a Licensed Electrician, *and* also declare that the electrician **has** confirmed that the power supply and number of circuits are adequate for the operation at:

Risk Location Address: _____

ACMPR (Part 2) or MMAR license held:

Total # of Licenses at Insured location: _____ Total Plant Count at Insured location: _____

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In order to quote terms in a timely manner please ensure that the following attachments are included:

- Photos of front & rear of all buildings.
- Photos of electrical panel servicing the grow.
- Copy of Licenses showing production site address.
(Patient names and mailing addresses can be removed if you request)
- Photo of grow area-Garden.

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

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: _____ Date: _____
(Authorized Representative)

This is an application only and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided is true. Information gathered will be used for the sole purpose of obtaining Insurance Coverage. The applicant, where applicable, confirms all operations are within accordance of the ACMPR as set out by Health Canada - Including valid MMAR.

ADDITIONAL WRITING SPACE



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