

**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

## CANNABIS – PUBLIC AND PRODUCTS LIABILITY PROPOSAL FORM

### IMPORTANT:

1. The answers to the questions on this form should preferably be typed or alternatively completed in black ink. The form must be signed by a director or partner of the proposing firm.
2. All questions must be answered. If not, a quotation or indication may not be provided. The completion and signature of this form does not bind the Proposer or Underwriters to complete a contract of insurance.
3. If you have insufficient space to complete any of your answers please continue on your headed paper and attach to this form.
4. It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence a prudent Underwriter's judgement and acceptance of your proposal. If you are in any doubt as to whether or not certain information is material then it should be disclosed.

### GENERAL INFORMATION

Full Names of all Companies to be included: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Registered Address: Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Health Canada Licence: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Date from which insurance is required: \_\_\_\_\_

- Select the Exact nature of the Business:
- Dispensary
  - Laboratory
  - Retail
  - Product Manufacturer
  - Grow-op-distribution – Indoor
  - Grow-op-distribution - Outdoor

## 1. PUBLIC LIABILITY

Please provide details of premises owned/occupied by you:

---

---

---

Is the premises a strip mall or multi-tenanted?  Yes  No

What is the third party surrounding property including distances and watercourses?

---

---

---

Is any work undertaken away from your premises (other than collection/delivery of goods)?  Yes  No

If Yes, please provide details.

---

---

---

## 2. ESTIMATED GROSS ANNUAL SALES

a) Own Manufacture: \$ \_\_\_\_\_

b) Wholesale: \$ \_\_\_\_\_

c) Other (please describe): \$ \_\_\_\_\_

## 3. EXPORTS (INCLUDED IN 2 ABOVE). PLEASE STATE ESTIMATED GROSS ANNUAL SALES TO:

	OWN MANUFACTURE	WHOLESALE	OTHER
a) Canada	\$	\$	\$
b) EU Countries	\$	\$	\$
c) USA (No Cover)	\$	\$	\$
d) UK	\$	\$	\$
e) Rest of the World	\$	\$	\$

4. PRODUCTS

Description of Products

- Medical Marijuana
- Recreational Marijuana
- Recreational Marijuana – Food
- Recreational Marijuana – Drinks
- Soft Gel Capsules
- Others (please describe) \_\_\_\_\_

If you supply products which you do not manufacture, please confirm whether rights of subrogation are fully maintained against the manufacturer(s) &/or supplier(s)?  Yes  No

Do the manufacturer(s) &/or supplier(s) have products liability insurance in force to at least the limits requested hereon?  Yes  No

Do Products comply with all relevant:

- a) Industry and Trade Standards or Government Safety Licensing Regulations or equivalent local legislation?  Yes  No
- b) Official Standard or Government Regulations laid down in countries to which Products are exported?  Yes  No

Are any new products likely to be marketed during the next 12 months? If YES, please provide details.  Yes  No

5. COMMERCIAL GENERAL LIABILITY – REQUIRED LIMITS

Public Liability Limit \$\_\_\_\_\_  Per Occurrence  Coverage is Occurrence

Products Liability Limit \$\_\_\_\_\_  Per Claim  Coverage is Claims Made

Please provide Retroactive Date and Limit for current cover \_\_\_\_\_

Requested Deductible \$\_\_\_\_\_

**LIABILITY UNDERWRITING INFORMATION**

6. EXPERIENCE IN THE CANNABIS FIELD:

---



---



---



---



---

7. CERTIFICATIONS, ASSOCIATIONS – ETC.

---



---



---



---

8. GROWING FACILITY INFORMATION:

a) Does the applicant grow any cannabis that is intended to be distributed for recreational purposes?  Yes  No

If Yes, what % of revenue? \_\_\_\_\_%

b) Does the applicant maintain separate records for medical and recreational purposes?  Yes  No

c) Are there any cultivation activities outside the building?  Yes  No

If Yes, describe the premises:

\_\_\_\_\_  
\_\_\_\_\_

Fenced  Gated  Locked-in area

d) What is the maximum number of plants on the premises at any one time? \_\_\_\_\_

e) Are any cannabis products manufactured, mixed, labelled, and relabeled by the applicant including any and all related products?  Yes  No

f) Date of last Health Canada inspection? \_\_\_\_\_

g) Does the applicant use a third party testing laboratory to test their cannabis?  Yes  No

**If Yes**, do all the testing reports received from this lab indicate the following?

Products are not contaminated with pesticides?  Yes  No

Products are not contaminated by bacteria?  Yes  No

Products are not contaminated by mold/ fungus?  Yes  No

Products are not contaminated by heavy metals?  Yes  No

Products are not contaminated by residual solvents?  Yes  No

Cannabinoid profiles? (THCA, delta8-THC, delta9-THC, CBDA, CBD)  Yes  No

Terpene Profiles  Yes  No

If No, how does the applicant ensure product purity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANUFACTURING & PROCESSING OPERATIONS**

9. PLEASE SUPPLY A COMPLETE LIST OF PRODUCTS MANUFACTURED OR PROCESSED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. ARE THERE MANUFACTURING AND PROCESSING OUTSIDE?

Yes  No If Yes, approx. acres? \_\_\_\_\_

11. WILL ANY OF THE PRODUCTION REQUIRE OPEN FLAME, FRYING OR OTHER COOKING METHODS?

Yes  No If Yes, please describe:

---

---

12. WILL YOUR OPERATIONS INCLUDE THE EXTRACTION OF CANNABIS OILS OR CONCENTRATES?

Yes  No If Yes, what method is used? \_\_\_\_\_  
Is the method certified?  Yes  No

13. WHAT IS THE HIGHEST CONCENTRATION (%) AND DOSAGE (MG) OF ACTIVE CANNABINOIDS PER SERVING CONTAINED IN THE APPLICANT'S STRONGEST (IE. HIGHEST DOSAGE) PRODUCT?

---

14. PLEASE PROVIDE THE PRODUCT NAME, CONCENTRATION (%) AND DOSAGE (MG) OF ACTIVE CANNABINOIDS PER SERVING:

---

---

15. DOES THE APPLICANT ACTUALLY PRODUCE THE INDIVIDUAL FILLED CARTRIDGES FOR VAPOUR PENS?

Yes  No If Yes, please provide a copy of the applicant's labeling and packaging for the cartridges evidencing warnings and disclaimers

16. ARE ALL CANNABIS CONTAINING PRODUCTS MANUFACTURED AND DISTRIBUTED BY THE APPLICANT SOLD IN CHILD PROOF PACKAGING OR CONTAINERS?  Yes  No

17. HAS THE APPLICANT CONSULTED WITH AN ATTORNEY TO DETERMINE THAT THEIR LABELING INCLUDES: WARNINGS, DISCLAIMERS, NOTIFICATION OF CONTRADICTIONS AND LISTING OF INGREDIENTS?  Yes  No

18. DOES THE APPLICANT HAVE A WRITTEN PRODUCTS RECALL PLAN?  Yes  No

19. SALES BREAKDOWN:

PRODUCTS/OPERATIONS/SERVICES	CANADIAN	OTHER (SPECIFY)
MEDICAL:	NOTE – COVERAGE NOT AVAILABLE FOR U.S. SALES	
Annual gross receipts from medical cannabis (Leaves, buds, flower and trim)	\$	\$
Annual gross receipts from infused medical products (baked goods, candies, food or drink)	\$	\$
Annual gross receipts from medical cannabis oil cartridges or concentrates intended to be used with vapourizers	\$	\$
RECREATIONAL:		
Annual gross receipts from cannabis (Leaves, buds, flower and trim)	\$	\$
Annual gross receipts from infused products (baked goods, candies, food or drink)	\$	\$
Annual gross receipts from cannabis oil cartridges or concentrates intended to be used with vapourizers	\$	\$
<b>Other:</b>	\$	\$
<b>Gross receipts from: hemp products</b>	\$	\$
<b>Total:</b>	\$	\$

20. EXPORTS

(a) A full description of all products exported and approximate percentage of total gross annual sales applicable to each product.

---



---

(b) For how long have you been producing each product? \_\_\_\_\_

(c) For how long have you been exporting these products? \_\_\_\_\_

(d) Do you comply with the State Federal Laws applicable to each product?  Yes  No

(e) What is the means of export? Is it by:

(i) Direct subsidiary in country  Yes  No If Yes, please give details

---



---

Does the subsidiary(ies) have their own product insurance(s) in place?  Yes  No

(ii) Incorporated in part of machinery or commodity sold direct by other manufacturers  Yes  No

(iii) Sold in country of origin to selling Agent  Yes  No

(f) Does the seller or supplier carry products liability insurance?  Yes  No

Please state the Limit of Indemnity applicable if known. \$ \_\_\_\_\_

## 21. EXPOSURES

(a) Do you have any representation outside -your main territory?  Yes  No If Yes, please give details

---

---

(b) Are any visits made or work undertaken overseas?  Yes  No

If Yes, please give details, split between manual and non-manual work and where.

---

---

## 22. IMPORTS

If you import products, please state from which countries these are obtained and approximate percentage of total gross annual sales against each.

---

---

---

## 23. DESIGN/SPECIFICATION

(a) Please give full details and percentage of total gross annual sales of products that are:

(i) Manufactured/supplied to own design/specification/formulation

---

---

(ii) Manufactured/supplied to a design/specification/formulation laid down by a customer

---

---

(b) Do you have a separate design team?  Yes  No

If Yes, what are their technical qualifications and practical experience?

---

---

## 24. QUALITY CONTROL

Do you have a written statement relating to Quality Control?  Yes  No

If Yes, please provide a copy or indicate its main features.

---

---

Does Quality Control involve:

(a) Specified minimum standards or procedures?  Yes  No If Yes, please state them.

---

---

(b) The testing of a sample percentage of the goods?  Yes  No If Yes, please provide details.

---

---

(c) Are sampling inspections made on incoming raw materials and incoming parts?  Yes  No

(d) What is the procedure for dealing with customer complaints?

---

---

(e) Are records of complaints retained?  Yes  No

If Yes, for how long? \_\_\_\_\_

(f) Is it possible to trace the ultimate customer of individual products or batches in order to recall the products?

Yes  No

(g) Is there an emergency product recall procedure?  Yes  No

(h) Details of any products withdrawn or recalled from the market during the past 10 years

---

---

## 25. RECORDS

Do you maintain an adequate system of records which would enable identification of:

(a) Source of Product/raw materials/component parts purchased?  Yes  No

(b) Source of design of Products manufactured?  Yes  No

(c) Quality Control and testing procedures effective at the time of design and/or manufacture?  Yes  No

(d) Research undertaken to minimise risk to health and safety?  Yes  No

(e) How long are the records for the above [(a), (b), (c) & (d)] kept for? \_\_\_\_\_



## 26. CLAIMS

Have any claims or incidents occurred during the last 5 years resulting, or alleged to have resulted, in death, injury or disease to third parties or damage to their property? Are you aware of any circumstances which might give rise to a claim?

Yes  No If Yes, please give details.

DATE OF LOSS	BRIEF DETAILS OF INCIDENT AND WHETHER OR NOT AN INSURANCE CLAIM HAS BEEN MADE	PAID AMOUNT	INSURERS OUTSTANDING RESERVE	TOTAL INCURRED
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

## 27. LIMIT OF INDEMNITY FOR PUBLIC AND PRODUCTS LIABILITY

Please state Limit(s) of Indemnity for which a quotation is required: \$\_\_\_\_\_

## 28. INSURER DETAILS

Has any Insurer ever declined your proposal, refused to renew or cancelled your policy?  Yes  No

If Yes, please give details.

---



---



---



---

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: \_\_\_\_\_



**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](http://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](http://www.assurancesum.ca)