



COMMERCIAL PROPERTY APPLICATION

SECTION A - GENERAL INFORMATION	
1. Name of Insured (Legal Business Name):	
2. Mailing Address:	
<i>Street:</i>	<i>City:</i>
<i>Province:</i>	<i>Postal Code:</i>
3. Website:	
4. Insured's Contact / Title:	
5. Company Type: <i>Corporation</i> <i>Partnership</i> <i>LLP</i> <i>Joint Venture</i> <i>Individual</i> <i>Other</i>	
6. Use: <i>Recreational</i> <i>Medicinal</i> <i>Both</i> <i>Other:</i>	
7. Operations: <i>Cultivation</i> <i>Processing</i> <i>Manufacturing</i> <i>Laboratories</i> <i>Building Owner</i> <i>Greenhouse</i> <i>Wholesale</i> <i>Other</i>	
8. Date Business Established:	
9. Describe the Insured's experience in the cannabis field:	
10. Health Canada License number:	
Licensing Date:	
<i>*Attach a copy of license:</i>	
11. Date of last Health Canada inspection:	
12. Does the Insured have any infractions per the last Health Canada inspection:	
<i>If Yes, attach Health Canada inspection details.</i>	Yes No
13. Is the Insured in compliance with all Provincial & Federal laws regarding the manufacture, control, dispensing of cannabis?	
Yes No	

SECTION B - HISTORY	
1. Has any application for similar insurance made on behalf of the Insured and/or any principal, partner, owner, officer, director, employee, manager or managing member thereof or any predecessor, subsidiary of affiliated organization thereof ever been declined, cancelled or nonrenewed?	
Yes No	
<i>If Yes, please provide details:</i>	
2. Do you currently have commercial insurance coverage?	
Yes No	
<i>a. Property: Check box if No prior</i>	
<i>Insurer:</i>	<i>Policy Number:</i>
<i>Expiration Date:</i>	<i>Premium:</i>
<i>Coverage Limits:</i>	

b. General Liability: <i>Check box if No prior</i>		
<i>Insurer:</i>	<i>Policy Number:</i>	<i>Coverage Limits:</i>
<i>Expiration Date:</i>	<i>Premium:</i>	<i>Aggregate:</i>
3. Has the Insured had any prior property or liability claims or losses? <i>If Yes, attach a currently valued, detailed loss report on Insurer letterhead.</i>		Yes No

SECTION C- PROPERTY

****To be completed for each location. If there are more than 3 locations, please complete and attach provided Schedule of Values (SOV) or alternate SOV with full details ****

1. Locations:

Location Number	Street Address	City	Province	Postal Code	Description of Operations	Square Footage
#1						
#2						
#3						

2. General Building Questions:

	Location #1	Location #2	Location #3
<i>Walls</i>			
<i>Floors</i>			
<i>Roof</i>			
<i>Heating</i>			
<i>Number of Stories</i>			
<i>Year Built</i>			
<i>Building Condition</i>			

2. General Building Questions, Continued:

	Location #1	Location #2	Location #3
<i>Is the building currently undergoing any renovations or repairs? Are any anticipated in the next 12 months? If Yes, please describe.</i>			
<i>Is a hydrant within 150 meters?</i>	Yes No	Yes No	Yes No
<i>What is the distance to the Firehall (km)?</i>			
<i>What percentage of the building is sprinklered?</i>	%	%	%
<i>Is the location in a flood zone?</i>	Yes No	Yes No	Yes No
<i>In the past year, has there been any active wildfires within a 50km radius?</i>	Yes No	Yes No	Yes No
<i>Is there a centrally monitored fire alarm? If Yes, provide Monitoring Company.</i>			
<i>Is there a centrally monitored burglar alarm? If Yes, provide Monitoring Company.</i>			
<i>Is there a temperature alarm monitoring system? If Yes, please provide details.</i>			
<i>Is there an electrical back-up generator in place? If No, please provide details about third party risk management.</i>			
<i>Is there a Secure Storage Room in compliance with Health Canada regulations? If No, please provide details.</i>			
<i>Are there any oil extraction operations on premises?</i>	Yes No	Yes No	Yes No

3. Building Updates:

Provide the year of most recent updates:

	Location #1	Location #2	Location #3
<i>Plumbing</i>			



Heating			
Electrical			
Roof			

4. Occupancy:

Provide other tenant details:

	Location #1	Location #2	Location #3
Occupancy by Others?	Yes No	Yes No	Yes No
If Yes, explain operation & sq ft occupied by others			
Is the Insured the owner or tenant?			

5. Mortgagees / Loss Payees (list in order of interest):

	Name:	Address:
1 st Loss Payee / Mortgagee:		
2 nd Loss Payee / Mortgagee:		
3 rd Loss Payee / Mortgagee:		
4 th Loss Payee / Mortgagee:		

6. Breakdown of Values:

Optional Property Deductibles:

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000

(Deductible will default to \$2,500 if none are chosen)

Property	Location #1	Location #2	Location #3
Building			
Equipment (Includes Contents & Tenants Improvements)			
Stock (breakdown required below in stock valuation)			
Contractors Equipment (please attach schedule)			
Business Interruption -EBI			
Ordinary Payroll			

Premium Property Extensions	Location #1	Location #2	Location #3
<i>Electronic Data Processing</i>			
<i>Extra Expense</i>			
<i>Other:</i>			
<i>Other:</i>			
<i>Other:</i>			

**** Full list of Premium Property Extensions (form CGIC PO2-02) is attached. If amendments to limits are needed, please list in the "other" section above. ****

7. Stock Valuation:

Cannabis & Hemp Stock Coverage: Check box to decline stock coverage.

Stock Coverage Limits	Number of Plants	Per Plant Value	= Total Plant Values (Wholesale)
<i>Seeds/Seedlings</i>			
<i>Clones</i>			
<i>Mother Plants</i>			
<i>Flowering Plants</i>			
<i>Harvested Plants</i>			
<i>Crop Value:</i>			
	Grams:	Per Gram Value:	= Total Gram Values (Finished Stock)
<i>Finished Stock</i>		X	=

SECTION D - CRIME

1. Crime Limit:	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
2. Please select all that apply at your locations:	<i>Gated Windows</i>	<i>Approved Fencing</i>	<i>Interior Video Cameras</i>	<i>Exterior Video Cameras</i>	
	<i>Gated Doors</i>	<i>Security Guards</i>	<i>Door Greeter / ID Validation</i>	<i>Hold Up / Panic Button</i>	
3. Is there a central station alarm that is connected to all doors/windows?					Yes No
4. Is the central station alarm active during non-business hours?					Yes No
5. Are all security measures operational during non-business hours?					Yes No
6. Does the Insured have a buzz in system or security personnel at the door?					Yes No

7. Does the Insured sub-contract their security guard services? <i>If Yes, the sub-contracted security company must list you as an additional insured.</i>	Yes	No
8. Are there any firearms on the premises?	Yes	No
9. Does the applicant have an approved safe?	Yes	No
10. 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?	Yes	No

SECTION E – EQUIPMENT BREAKDOWN

	Location #1	Location #2	Location #3
1. Is Coverage Required?	Yes No	Yes No	Yes No

****Equipment Breakdown Extensions of Coverage****

- *Stock Spoilage limit cannot exceed the Stock limit declared per location in the property section up to the max coverage limit of \$50,000*
- *Business Interruption limit cannot exceed the Business Interruption limit declared per location in the property section up to the max coverage of \$100,000*
- *For full list of extensions please request Equipment Breakdown Form*

2. Are there Boiler/Pressure Vessels?	Yes	No		
3. Are there spares, contingencies, or redundancies in place? Please describe.				
4. For critical equipment, what is the approximate number of days to receive and install replacement parts with long lead times?				
5. Describe the maintenance program for the equipment and are there any special operating conditions?				
6. Please list equipment that is critical to maintaining production continuity.				
Machine Type	Mfg. / Model	Size (hp, ton, lbs/hr, kva, kw)	Business Income % of Overall Production / # of Units	Replacement Value
			%	
			Units	
			%	
			Units	

			%	
			Units	
			%	
			Units	
			%	
			Units	

SECTION F – COMMERCIAL GENERAL PREMISES LIABILITY
1. Select Primary General Liability Coverage:

<input type="checkbox"/> \$1,000,000 each occurrence/\$1,000,000 aggregate	<input type="checkbox"/> \$5,000,000 each occurrence/\$10,000,000 aggregate
<input type="checkbox"/> \$1,000,000 each occurrence/\$2,000,000 aggregate	<input type="checkbox"/> \$10,000,000 each occurrence/\$10,000,000 aggregate
<input type="checkbox"/> \$2,000,000 each occurrence/2,000,000 aggregate	<input type="checkbox"/> \$10,000,000 each occurrence/\$15,000,000 aggregate
<input type="checkbox"/> \$5,000,000 each occurrence/5,000,000 aggregate	<input type="checkbox"/> \$15,000,000 each occurrence/\$15,000,000 aggregate

2. General Questions:

a. Does the premise have a pool, pond or other water exposure?	Yes	No
b. Does anyone live in the scheduled buildings or on premises?	Yes	No
c. Will the Insured transport any living plants to other businesses?	Yes	No
d. Will the Insured transport harvested, processed or finished cannabis to other businesses?	Yes	No
e. Does the Insured maintain daily written records of all Cannabis, Hemp, and CBD containing products, including the purchase date, type of product and purchase price?	Yes	No

3. Cultivation Questions

a. Does the Insured test 100% of the cannabis grown?	Yes	No
If Yes, who provides testing?	Name:	Phone Number:
b. Does the Insured have any cultivation activities outside the building? If Yes, please describe the premises:	Yes	No
c. Estimated number of harvests per year:		
d. Average yield of harvested cannabis per plant (g):		
e. Average wholesale value per pound of finished cannabis stock:		
f. Maximum per plant value based on questions "d" and "e":		
g. Describe the growing method used in detail:		
h. Does the Insured follow all Provincial and Health Canada regulations with regards to the use, storage, approval, and disposal of pesticides?	Yes	No

4. Lighting Questions

a.	What kind of lights are used for growing?		
b.	Are there plastic trays or plastic buckets used?	Yes	No
c.	Are LED Lamps currently used?	Yes	No
If LED Lights are used no further information is required			
i.	Is it possible to switch lamps to LED?	Yes	No
ii. If No, explain reason:			
d.	Are all lighting fixtures approved and certified for the areas of use?	Yes	No
e.	Does the Insured use a licensed, insured contractor for all electrical work completed at their grow facility?	Yes	No
f.	Are current and up to date records of lamp installation and service life of grow lamps (as per the manufacturers specs) kept?	Yes	No
g.	Are up to date records of all maintenance and scheduled maintenance of grow lamps kept?	Yes	No
h.	If maintenance is being performed by a third party, certificate of insurance must be received from the contractor confirming liability insurance with a minimum limit of \$5,000,000.		
Please acknowledge requirement by signing here:			
i.	Are Lamps protected from contact with dirt, oils, and moisture?	Yes	No
j.	During scheduled maintenance, are the lamps inspected for cracks and scratches and replaced if noted?	Yes	No
k.	Lamps should be replaced at or before (70% of expected life) the end of rated life. Group re-lamping is preferred. Please confirm if replacement process complies?	Yes	No
l.	Are manufacturer's instructions and bulletins always followed?	Yes	No

Insurer Recommendations:

- During handling & re-lamping lights must not be touched with bare hands.
- HID lamps should be turned off for 15 minutes per week, when turning back on watch lights for slow to full light or heavy flickering. Monitor and replace any lamps with noted deficiency to prevent failure.

5. Manufacturing & Processing Operations:

a.	Will there be any open flame cooking and/or fryer operations at the property listed above?	Yes	No
i.	If Yes, are open flame cooking and/or frying operations conducted under a non-combustible power ventilation hood?	Yes	No N/A
b. What products do you manufacture that require open flame cooking or frying:			
c.	Does your establishment have a ULC compliant automatic fire suppression system with nozzles extended over all cooking surfaces?	Yes	No N/A
i. If Yes, what type of fire suppression system is it?			
d.	How often is your fire suppression system serviced?		



<i>e. What other types of manufacturing equipment are used on-site? Please list all:</i>		
<i>Equipment Type</i>	<i>Mfg. / Model</i>	<i>How often is it serviced</i>
<i>f. Will your operations include the extraction of cannabis oils?</i>		
		Yes No
<i>i. If Yes, what method is used?</i>		
<i>ii. If CO2, how many CO2 detectors are in the building?</i>		
<i>g. If solvent or gases are used, are they open or closed loop?</i>		
		Open Closed
<i>h. Does the insured follow all laws, regulations and ordinances pertaining to the storage, use & disposal of any gases or solvents used in their operations?</i>		
		Yes No
<i>i. Confirm the room where extraction occurs is explosion proof?</i>		
		Yes No
<i>j. Confirm the extraction room is separated from other operations in the facility?</i>		
		Yes No
<i>k. Provide details of sprinkler and/or any additional fire suppression systems in the extraction room.</i>		
<i>l. What training is provided by the manufacturer of the extraction equipment?</i>		
<i>m. Confirm there is a trained individual present in the extraction room handling equipment at all times?</i>		
		Yes No

Signed:

Date:

Name:

Title: