

**Medical Marijuana Dispensaries Supplemental Questionnaire**  
General Agency

**Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.  
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.  
This document must be completed in addition to the ACORD Application.**

Applicant Name \_\_\_\_\_

Physical Address \_\_\_\_\_

What year did you take over management of this business? \_\_\_\_\_

1. Are you licensed to dispense medical marijuana?  Yes  No
2. Do you have any mail order or on-line drugstore operations?  Yes  No
3. Do you have any wholesale or distribution operations?  Yes  No
4. Do you grow Marijuana or other cannabis plants on the premises?  Yes  No
5. Is your business in a commercial zone (Note: Residential locations are not permitted)  Yes  No
6. Is the nature of the business advertised on the outside of the building?  Yes  No
7. Days/Hours of operation: \_\_\_\_\_
8. How many employees are on staff during open hours? \_\_\_\_\_
9. Do you verify that purchasers of marijuana and marijuana infused products have a valid Medical Marijuana User ID Card for the location you are operating?  Yes  No
10. Do you occupy the entire building?  Yes  No  
If No:
  - What floor do you occupy? \_\_\_\_\_
  - Are there interior connecting doors to adjacent units?  Yes  No
  - How are your doors secured (i.e. deadbolts, alarms)? \_\_\_\_\_
 If Yes:
  - Do you utilize security doors?  Yes  No
  - How are they secured? \_\_\_\_\_
11. Which of the following security systems are utilized (please indicate all that apply):
 

<input type="checkbox"/> Central Burglar Alarm	<input type="checkbox"/> ID Checkers/Greeters
<input type="checkbox"/> Central Fire Alarm	<input type="checkbox"/> Interior Camera Focused on Safe
<input type="checkbox"/> Door Intercom	<input type="checkbox"/> Interior Motion Detectors
<input type="checkbox"/> Exterior Cameras	<input type="checkbox"/> Metal Door
<input type="checkbox"/> Gated Doors	<input type="checkbox"/> Security Guard/Bouncers
<input type="checkbox"/> Gated Windows	<input type="checkbox"/> Security Vestibule/Man-Trap
<input type="checkbox"/> Hold-Up/Panic Button	
12. Do you have a written plan or manual that describes your business security procedures, including what to do in the event of a robbery or other crime?  Yes  No
13. Are employees instructed to cooperate and obey the robber's instructions and not to resist?  Yes  No
14. Business Personal Property (BPP) Insurance Coverage Desired:  
**Please assign and total dollar value to each line:**

Medicine, Edibles or Infused Products	\$ _____
Tenant Improvements and Betterments	\$ _____
Furniture, Fixtures etc...	\$ _____
Computers and Computer Hardware	\$ _____
15. How does the dispensary get their medicine?  
 Caregivers \_\_\_\_\_%   
  Vendors/Wholesalers \_\_\_\_\_%   
  Grow themselves \_\_\_\_\_%
16. Do you grow Marijuana or other cannabis plants off premises?  Yes  No
17. Do you sell seeds or plants for purchasers to grow their own crop?  Yes  No
18. Do you sell any supporting paraphernalia (i.e. pipes, bowls, vaporizers, etc.)?  Yes  No  
If yes, please describe: \_\_\_\_\_

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19. Do you keep written records of all products purchased?  Yes  No

If yes, how are the records stored and maintained? \_\_\_\_\_

20. Does your record keeping maintain the following:

Date of Purchase:  Yes  No

Type of Product Purchased:  Yes  No

Cost of Product Purchased:  Yes  No

Copies of Receipts:  Yes  No

21. What are your anticipated sales of Medical Marijuana? \$\_\_\_\_\_

22. What are your anticipated sales other than Medical Marijuana? \$\_\_\_\_\_

23. How much medical marijuana and medical marijuana infused products are displayed to customers?

0-5%  6-10%  11-25%  Greater than 25%

24. During business hours, is all marijuana and products containing marijuana not on display, kept in a locked safe?  Yes  No

25. After business hours, are all inventories stored in a locked safe that meets at least one of the following security specifications?  
 Yes  No

**Check off all that apply:**

- TL-15 Rated Jewelers safe (bolted to the floor)
- TL-30 Rated Jewelers safe (bolted to the floor)
- 1,000 lb. safe (1/2 ton – bolted to the floor)
- 2,000 lb. safe (1 ton – bolted to the floor)
- At least a 2 hour UL class 350 fire resistive rating

26. Protective Safeguards (check all that applies):

**Check off all that apply:**

- Local Alarm (on the property)
- Fully functional actively engaged Burglar Alarm System with Interior Motion Detection Devices protecting the entire building that signals directly to an outside Central Station or Police Department.
- Line cut monitoring feature added to central burglar alarm system
- Battery backup on central burglar alarm system
- Cellular phone backup system (in case phone lines are cut)
- Infrared or photoelectric beams along docks or overhead doors
- Radio backup system
- Other: \_\_\_\_\_

27. Are all employees provided training on security procedures and closing?  Yes  No

28. If yes, by whom? \_\_\_\_\_

29. Any other operations besides dispensing cannabis (i.e. massage, acupuncture, selling herbal remedies, testing lab)?

Yes  No

If yes, describe: \_\_\_\_\_

30. Does the applicant own or lease any warehouses to store goods of others not being shipped or handled by the applicant?

Yes  No

31. Does the applicant make deliveries off premises?  Yes  No

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_