



# T.H.C. Supplemental Property Application - Cultivation

## General Information

Named Insured: \_\_\_\_\_

DBA: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Use:  Medicinal  Recreational  Both

Other: \_\_\_\_\_

Projected Production for the next 12 months: \_\_\_\_\_

What are the total Production for the last 12 months: \_\_\_\_\_

Hours of business:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Building Information

Year Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Year of last update/ inspected: Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

HVAC: \_\_\_\_\_ Electrical: \_\_\_\_\_

Construction Type:  Frame  Masonry  Non-Combustible  Fire Resistive

Does the applicant have an active central alarm system?  Yes  No

Are all windows and doors connected to an Active Central Station Alarm?  Yes  No

Does the applicant use a vault to secure cannabis finished stock?  Yes  No

Do you have a buzz in system or security personnel at the door?  Yes  No

Does the applicant have interior and exterior cameras?  Yes  No

Does the applicant maintain daily written records of all cannabis containing products including the purchase date, type of product and purchasing price?  Yes  No

Does the insured have an approved safe?  Yes  No

If Yes, please provide: Weight: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

(Minimum requirements 700 lb. and 1 hour fire rating, under 2000 lbs. must be bolted to the ground)

I warrant the following to be true and I understand no coverage will be afforded by this policy for theft unless the following items are strictly adhered to:

1. During non-business hours, all "finished stock" on the premises must be kept in one of the following:
  - a. A locked 700 pound or greater safe which is bolted to the floor.
  - b. A locked Underwriter's Laboratory rated TI-15 safe or greater.
  - c. A locked one (1) ton or greater safe.
2. An operating and functional central station burglar alarm system must be installed at the premises which have contacts on all windows and doors that open to the outside. The alarm must have contacts on all windows and doors adjacent to common stairways and/ or hallways. Furthermore, the alarm must have functioning motion detectors which cover all rooms at the premises. This burglar alarm must be turned on and fully operational during non-business hours.
3. During business hours, all stock not on display for sale will be kept in a locked safe with the requirements as during non-business hours.
4. The insured must keep written records of all purchases of stock, including receipts when available, which includes the date of purchase, type(s) of stock purchased and purchase price. In the event of a stock claim, adjustment will be based on documented records. A copy of this record is to be kept at an offsite location.

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

**Property Coverage and Endorsements**

Optional Deductibles:     \$1,000         \$2,500         \$5,000         \$10,000

Valuation:                 RC                 ACV                 RFC

Building Coverage:        \$ \_\_\_\_\_        Co-Insurance:     80%     90%     100%

Business Personal Property:    \$ \_\_\_\_\_        Co-Insurance:     80%     90%     100%

Improvements & Betterments:    \$ \_\_\_\_\_

Business Income:        \$ \_\_\_\_\_        Co-Insurance:     25%     50%     100%

Crop: \$ \_\_\_\_\_        Finished Stock: \$ \_\_\_\_\_

**Cultivation Questions**

1. Is there a back-up system for the electrical supply?         Yes         No
2. Does the applicant test 100% of the cannabis products grown?         Yes         No  
 If Yes, who provides the testing?    Name: \_\_\_\_\_        Phone: \_\_\_\_\_
3. Estimated number of harvests per year? \_\_\_\_\_

All Cultivation operations are required to warrant one of the following:

- I have used or will use a licensed, insured contractor for all electrical work at my grow facility.
- I have had or will have within 30 days of my insurance effective date, all the wiring inspected by a licensed, insured contractor at my grow facility.

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

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Applicant Signature

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Date