

CANNASURE

INSURANCE SERVICES

CANNABIS AUTO INSURANCE APPLICATION

| | | |
|---|---------------------|--------|
| Named Insured: | | |
| Other Entities to be Insured: | | |
| DBA Name(s) | | |
| Mailing Address: | City/State/Zip: | |
| Physical Address: | City/State/Zip: | |
| Contact Person: | Title: | |
| Phone: | Fax: | Email: |
| Effective Date Desired (the date coverage should begin): | | |
| Has any insurance been non-renewed or cancelled within the past 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If so, why? | | |
| Type of Organization: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other | | |
| Federal Employer ID No: | Owner(s) (give %'s) | |
| Years in business: <input type="text"/> If less than 3 years, summarize owners' work experience in the red flag section. | | |

| ANNUAL REVENUE: | Next Policy Year | Current Policy Year | Last Policy Year | 2 Years Ago |
|--------------------------|------------------|---------------------|------------------|-------------|
| Delivery/Courier | \$ | \$ | \$ | \$ |
| Warehousing | \$ | \$ | \$ | \$ |
| Retail/Distributor | \$ | \$ | \$ | \$ |
| Processing/Manufacturing | \$ | \$ | \$ | \$ |
| Other (describe) | \$ | \$ | \$ | \$ |

| <u>INDIVIDUALS USING THEIR OWN VEHICLES</u> | | | | | | |
|--|-------------------------|------------|----------------|---------------------------------------|------------|-----------|
| | <u>Employees</u> | | | <u>Independent Contractors</u> | | |
| | Full Time | Part Time* | Annual Payroll | Full Time | Part Time* | 1099 Cost |
| PPV's/Cars/Minivans | | | | | | |
| Trucks Under 10,000 GVW | | | | | | |
| 10,001 - 20,000 GVW | | | | | | |
| 20,001 - 26,000 GVW | | | | | | |
| 26,001 - 45,000 GVW | | | | | | |
| Over 45,000 GVW | | | | | | |

Are any Flatbed Power Units and/or Flatbed Trailers utilized by the drivers above? YES NO

*Part time drivers generally work 50% or less of full time driver hours

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STAFF CENSUS

| | STAFF CENSUS | | | | | |
|------------------------------|--------------|------------|----------------|-------------------------|------------|-----------|
| | Employees | | | Independent Contractors | | |
| | Full Time | Part Time* | Annual Payroll | Full Time | Part Time* | 1099 Cost |
| Customer Facility Management | | | | | | |
| Owner/Executive Officers | | | | | | |
| Outside Sales Reps. | | | | | | |
| Administrative and Clerical | | | | | | |
| Warehouse/X- Dock/ Terminal | | | | | | |
| Company Vehicle Owners | | | | | | |

CURRENT FLEET – Company Owned/Leased Vehicles (Indicate quantity for each)

| | Under 10,000 GVW | 10,001 – 20,000 | 20,001-26,000 | 26,001- 45,000 | Over 45,000 | Trailers |
|--|------------------|-----------------|---------------|----------------|-------------|--|
| Executive Vehicles: | | | | | | |
| Delivery - Transport Vehicles: | | | | | | |
| Exp growth at 6 mo | | | | | | |
| Are any Flatbed Power Units and/or Flatbed Trailers included in the fleet figures above? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do any of the fleet vehicles above include units leased to you from an Independent Contractor? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Number of Executive/Sales Vehicles furnished to owners or employees? | | | | | | |

| FLEET HISTORY: | 1 Year Ago | 2 Years Ago | 3 Years Ago | 4 Years Ago |
|--|--------------------------------|--------------|---|--------------|
| Indicate how many of each at policy inception: | Co. Vehicles | Co. Vehicles | Co. Vehicles | Co. Vehicles |
| | Owner/Ops | Owner/Ops | Owner/Ops | Owner/Ops |
| | Co. Vehicles = Owned or Leased | | Owner/Ops = ICs or EEs who use their own vehicles | |

OPERATING AUTHORITY

| | | | | |
|--|-----------------|--|-----------|-------------|
| Motor Carrier: | USDOT: | MC No. | | |
| State Motor Carrier (states and docket #'s if applicable): | | | | |
| Broker/Forwarder: | Freight Broker: | Freight Forwarder: | | |
| FMCSA SMS BASIC ratings in Alert Status or safety-related investigation (past 6 months)? (check http://ai.fmcsa.dot.gov/sms) | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| USDOT PIN # | | | | |
| Other Related Authorities (Discontinued or Inactive)? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Description of Delivery Operations: (not including FF/FB) | | | | |
| Typical Radius: | 0-50 Miles % | 51-200 Miles % | 201-350 % | Over 350 % |
| Locations Delivered to: | Commercial % | Residential % | | |

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| | | | | | |
|---|------------------------|--|---------------------------|-----------------------|--------------------------|
| Work Type | On Demand | % | Scheduled/Routed* | % | |
| States Operating In: | Largest Cities Served: | | | | |
| Current Insurance | Expiration Date | Name of Current Insurance Carrier | Years with Carrier | Annual Premium | Limit of Coverage |
| Fleet Auto Insurance | | | | | |
| Non-Owned & Hired Auto | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| <p>Loss History: We require confirmation of your prior claims history for the past five years (current year and four prior). Please mark off any of the following that apply if you have not been our client for that entire period.</p> | | | | | |

1. I will request up-to-date loss runs from my current/prior insurance company and will forward to your agent immediately upon receipt.

2.

| | | | |
|---------------------------|--|--------------|--|
| Insured Signature | | Date | |
| Printed Name | | Title | |
| Producer Signature | | Date | |
| Printed Name | | Title | |

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| | | | | | | | | | | | | | |
|--|--|---|--------------------------|--------------------------|--------------------------|--|--|---|---|--------------------------------------|--------------------------|--------------------------|--------------------------|
| AUTO INSURANCE* | | (limits as shown below unless you indicate otherwise) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| *The cargo commodities schedule on page 19 must be completed when selecting auto coverage. | | | | | | | | | | | | | |
| Coverage Requested: | | Fleet/Commercial Auto <input type="checkbox"/> (company owned/leased units) | | | | Non-Owned/Hired Auto Liability <input type="checkbox"/> | | | | Both <input type="checkbox"/> | | | |
| Liability (per occurrence) | | | | | | \$1,000,000 (minimum) | | | | \$ | | | |
| Uninsured/Underinsured Motorist | | | | | | State minimum limit | | | | \$ | | | |
| Personal Injury Protection (No Fault) | | | | | | State minimum limit | | | | \$ | | | |
| Medical Payments | | | | | | \$5,000 | | | | \$ | | | |
| Physical Damage Deductibles | | | | | | \$1,000 Minimum | | | | \$ | | | |
| Cover Vehicle Improvements | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Describe & give Values: | | | | \$ | | | |
| Drive Other Car* coverage | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | If yes, provide Household Driver names & license info | | | | | | | |
| *Drive other car coverage is needed when anyone is furnished with a company car insured under the company policy and it is the only vehicle in this individual's household (i.e. no personal auto policy). | | | | | | | | | | | | | |
| Rental Reimbursement: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Covers cost of daily rental if your vehicle is involved in a covered claim: \$75 per day/max 30 days. | | | | | | | |
| Loan/Lease Gap: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Protects you if the actual cash value of the vehicle at the time of a loss is less than the amount owed. Loan/Lease Gap Coverage prevents you from having to pay the difference out-of-pocket. | | | | | | | |
| Third Party Damage (NOH): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$10,000 limit for damage to another party's property caused by drivers while making deliveries. | | | | | | | |
| DRIVER HIRING/CONTRACTING PRACTICES - Check all that apply and provide additional details where requested. | | | | | | | | | | | | | |
| Hiring/Contracting Practices | | Light Vehicles | | Truck & Tractors | | Hiring/Contracting Practices | | | | Light Vehicles | | Truck & Tractors | |
| | | IC | EE | IC | EE | | | | | IC | EE | IC | EE |
| Written Application? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insurance Verified? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Formal Orientation? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Road Training? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check MVRs? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed Contract? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interview? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Minimum Age? | | | | | | | |
| 🚩 Drug Test? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | **Maximum Age? | | | | | | | |
| Background Check? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ***Min Driving Experience? | | | | __Yrs | __Yrs | __Yrs | __Yrs |
| Physical Exam? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ****Minimum Auto Insurance? | | | | | | | |
| Check Reference? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (50/100/25, 100/300/50, 300 CSL, State Minimum, Other) | | | | | | | |
| Maintain Driver Files? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approximate Driver Turnover? | | % | % | % | % | | |
| *Drivers under the age of 21 are not eligible for this program. | | | | | | | | | | | | | |
| **Drivers over age 75 must provide DOT cert or a physician statement that they are physically fit to drive. This is used to determine eligibility under our program guidelines. | | | | | | | | | | | | | |
| ***A minimum of 3 years or more driving experience is required. | | | | | | | | | | | | | |
| ****Required limits: 10,001 – 20,000 GVW = \$300k CSL 20,001 – 26,000 GVW = \$500k CSL | | | | | | | | | | | | | |
| 26,001 – 45,000 GVW = \$750k CSL 45,001+ GVW = \$1M CSL | | | | | | | | | | | | | |

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| Fleet Practices (company owned/leased vehicles) | YES | NO | If yes, provide details (important) |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Personal use of vehicles permitted? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Vehicles used more than 12 hours per day? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Extra safety equipment/technology installed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Secure Overnight Parking (garage, fence, lit, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Vehicles 20 years old or more? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Prep/post trip vehicle inspections? How documented? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Maintenance logs kept on all vehicles? Describe. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Describe vehicle maintenance practice/schedule: | | | |

| Auto-Related Operating Practices | YES | NO | If yes, provide details (important) |
|---|--------------------------|--------------------------|-------------------------------------|
| 1. Passengers transported (other than helpers)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Customer vehicles driven by your drivers? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Trailers you own provided to others for their use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Trailers owned by others provided to you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Airport work requiring driving on tarmac/ramp? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. **Hazmat work requiring placards? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Deliveries made from 9pm-6am? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Cannabis/Marijuana delivered? | <input type="checkbox"/> | <input type="checkbox"/> | |

| General Information (Check all that apply) | Fleet* | | O/O* | | If yes, provide details! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>FORMAL SAFETY PROGRAM MAY BE REQUIRED</i> | YES | NO | YES | NO | |
| 1. Drivers penalized for missing deadlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Measures to combat distracted driving risks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Positive safety incentives (rewards, bonuses, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Safety meetings held regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Mandatory safety training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Formal accident review process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Accident records/files maintained at least 3 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. OSHA citation during past 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Drivers wear uniform or ID that identifies you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Vehicles display name/logo of your company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Dedicated safety mgr. (give name, experience) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Written safety manual or procedures distributed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Will implement safety recommendations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Fleet = drivers of company owned/leased vehicles. O/O = owner-operators (drivers who use their own vehicles), either ICs or EEs

****If you are transporting Hazmat, you should obtain separate Auto Pollution Liability coverage to be protected.**

We will forward the appropriate application to you.



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SHORT-TERM RENTAL VEHICLE SUPPLEMENT & AGREEMENT

Short-term vehicle rentals are defined as vehicles used for delivery that are rented for less than 6 months. “Rolling rentals” – those that are kept indefinitely over weeks or months – are usually best insured under an owned fleet auto policy.

Short term delivery vehicle rentals have become a significantly increasing source of claims and therefore the insurance carriers are scrutinizing this exposure more than ever before. We will continue to encourage our clients to purchase \$1,000,000 Supplemental Auto Liability coverage and physical damage coverage (via the Collision Damage Waiver) from the rental company, but we will also offer the coverages when possible. In either case, there are some issues to understand as outlined below. Please contact us for further explanation or with any questions and share this information with others in your company who may be involved with rental vehicles.

If you do not rent delivery vehicles, or if you utilize short term rentals and purchase liability and physical damage coverages from the rental company and therefore do not want coverage under the auto policy(ies) we provide to you, there will be a “delivery vehicle rental exclusion” added to your policy. (It does not apply to executive / salesperson rentals). Please be aware that if you have an Umbrella/Excess policy, it will not extend over the insurance purchased from the rental company. Previously this had not been an issue if you had “Hired/Non-Owned Auto Liability coverage, but the rental exclusion will negate coverage for rentals going forward. There are solutions, however.

There is an endorsement available to provide coverage excess of the coverage purchased from the rental company. For example, you purchase coverage from the rental company with a \$300,000 limit. In the event of a claim that exceeds the \$300,000 limit, this excess endorsement will provide coverage under your Auto Liability policy up to the \$1,000,000 primary limit. If the claim exceeds \$1,000,000, your Umbrella/Excess would then apply.

Alternatively, if you are purchasing \$1,000,000 Supplemental Liability coverage from the rental company, the insurance carrier may be able to schedule the rental contract under your Umbrella/Excess policy. We would need to get a copy of the rental contract/agreement to get underwriting approval.

Again, if you indicate you do not utilize short term delivery vehicle rentals, the rental exclusion will be added to your auto policy. If you truly never rent delivery vehicles in your company name, then there is no issue. However, if there’s any chance you could rent a delivery vehicle you would have no coverage on your primary auto policy or on your Umbrella/Excess. The solution is to purchase the rental coverage on an “if any” basis for which there will be a minimum annual premium of \$5,000.

If you want us to provide any coverage for rental vehicles (delivery and/or executive/sales rentals), please complete the information below based on estimated activity for the upcoming policy term. Premium will be charged at policy inception. If utilization of short term rentals is significant, you may be asked to report rental activity monthly or quarterly. Coverage is auditable and additional premiums may be charged if actual rentals exceed your estimates. Likewise, if actual activity is less there may be a return premium.

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If you indicate you do not utilize short term rentals and a certificate of insurance is requested by or for a rental company, we will contact you for more information and you will be charged accordingly. You can anticipate a delay in having the certificate issued until the information is provided and a premium is determined.

Finally, underwriters may choose to exclude any coverage for rentals based on prior loss history.

| | |
|--|--|
| 1. Do you utilize short term rentals? (If yes, complete a through e below) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. Do you purchase Auto Liability from the rental company? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Provide the limit of liability purchased: | |
| c. Do you purchase Physical Damage (comp/collision) from the rental company? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. Do you want additional coverage over the rental company? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. Provide the names of rental companies used and copies of all rental agreements. | |
| 2. If you do not rent vehicles, would you still like to have coverage on your policy in the event that you need to rent in the future? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Type of Vehicle | Total # of Vehicles Rented Annually | Average # of Days Each Vehicle is Rented | Most Recent 6 months Rental Cost |
|----------------------------------|-------------------------------------|--|----------------------------------|
| Private Passenger (Exec rentals) | | | \$ |
| Other vehicles Under 10,000 GVW | | | \$ |
| Trucks 10,001 - 20,000 GVW | | | \$ |
| Trucks 20,001 - 26,000 GVW | | | \$ |
| Trucks 26,001 – 45,000 GVW | | | \$ |
| Trucks 45,001+ GVW | | | \$ |
| Trailers (28'-53') | | | \$ |

We Require the signature of a principal or authorized representative acknowledging your understanding.

| | | | |
|-----------------------------|--|--------------|--|
| Authorized Signature | | Date | |
| Printed Name | | Title | |

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NON-OWNED / HIRED AUTO COVERAGE AGREEMENT

This coverage requires mutual cooperation between Agent/Broker and Client. In order for us to obtain the best coverage and pricing available, we need your commitment to control losses. The following are mandatory requirements. You must review and acknowledge your understanding and acceptance by signing in the designated signature space below.

1. You must have wording in your Driver Agreement mandating that the drivers carry their own auto liability insurance. The Agreement must also contain a “Hold Harmless/Indemnification” clause in favor of the company.
 - a. It is highly recommended that all drivers carry at least \$100/300/50 or \$300,000-combined single limit on a Commercial Auto Policy. At the very least your driver contract should state something to the effect that “you should consult with an insurance professional to determine the amount and type of insurance best suited for your needs”. Your rates will be lower if drivers carry the recommended limits.
 - b. Drivers with trucks are required to carry minimum limits of Commercial Auto Insurance as follows:

| | |
|------------------------|-----------------------------------|
| • 10,001 to 20,000 GVW | \$ 300,000 combined single limit |
| • 20,001 to 26,000 GVW | \$ 500,000 combined single limit |
| • 26,001 to 45,000 GVW | \$ 750,000 combined single limit |
| • 45,001 and over GVW | \$1,000,000 combined single limit |

NOTE: PLEASE BE CAREFUL WHEN REVIEWING IC AUTO INSURANCE DEC PAGES FOR THOSE DRIVING TRUCKS OVER 10,000 GVW. NON-TRUCKING OR BOB-TAIL LIABILITY IS NOT ACCEPTABLE. IF YOU DISCOVER ANY OF THESE YOU MUST IMMEDIATELY SUSPEND THE DRIVER AND NOT REINSTATE UNTIL THEY PRODUCE EVIDENCE OF FULL PRIMARY LIABILITY COVERAGE. IF THERE IS ANY QUESTION PLEASE CONTACT YOUR AGENT.

If your present Driver Agreement does not contain the required language, please ask us for a Sample Driver Agreement Addendum for your review.

2. You must obtain a Motor Vehicle Report (MVR) on each driver. Information on MVR providers is on the last page of the application, or drivers may provide current MVR's to you.
 - a. You must obtain an MVR on all drivers prior to their beginning work.
 - b. Our MVR grading system is reference on the last page of the application and must be strictly enforced.
 - c. You may be required to submit a current list of drivers during the policy term. We will then randomly select a percentage of drivers to obtain a current MVR and evidence of insurance.
3. You MUST NOT specifically make a charge to the driver for “auto insurance” as your insurance does not protect the driver – it is liability protection for your company for auto incidents involving drivers’ vehicles.

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4. You must have an acceptable system in place to track drivers' primary auto insurance. You must collect and update auto insurance declaration pages for all drivers who use their own vehicles on behalf of your company if drivers are required to carry auto insurance limits greater than state financial responsibility limits.

5. Please describe in detail the system you use to track drivers' primary auto insurance: _____

These requirements must be maintained throughout your involvement in our program. Non-compliance with any requirement will result in higher rates or termination from the program.

| | | | |
|-----------------------------|--|--------------|--|
| Authorized Signature | | Date | |
| Printed Name | | Title | |

RED FLAG SECTION

Throughout the application there are several questions marked with a "Red Flag" . If these questions are answered "yes", or information has been provided where asked, we will need details as to the questions below. You may answer the question(s) below directly or provide explanatory narrative on a separate page.

| | |
|---|--|
| (Pg2) *Named Insureds: (if more than one named insured is to be on the policy, please answer the following for all entities) | |
| Entity 1. – Entity Name: | |
| Nature of Operation: | |
| Ownership Percentage(s): | |
| Entity 2. – Entity Name: | |
| Nature of Operation: | |
| Ownership Percentage(s): | |
| Entity 3. – Entity Name: | |
| Nature of Operation: | |
| Ownership Percentage(s): | |
| *Please provide similar information if more than three entities to be scheduled on policy. | |

| |
|--|
| (Pg 2) Less Than 3 Years in Business: Summary of Owners' Industry/Management Experience (or attach resumes) |
| |
| |
| |

| |
|---|
| (Pg 2) IC's or Employee's using their own Flatbed Power Units and/or Flatbed Trailers: |
|---|

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| | | |
|--|----------------|------|
| Number of units: | | |
| Size of units: | Length of Bed? | GVW: |
| Commodities being hauled: | | |
| Frequency of deliveries: | | |
| Average mile radius: | | |
| Who secures the load? (you, driver, customer, other) | | |

| | |
|---|--|
| (Pg 3) More Trailers than Power Units Scheduled: | |
| Reasons for difference: | |
| | |

| | | |
|---|----------------|------|
| (Pg 3) Company Owned/Leased Flatbed Power Units and/or Flatbed Trailers: | | |
| Number of units: | | |
| Size of units: | Length of Bed? | GVW: |
| Commodities being hauled: | | |
| Frequency of deliveries: | | |
| Average mile radius: | | |

RED FLAG SECTION (continued)

| | | |
|--|--|--|
| (Pg 3) Independent Contractor Vehicles Leased to Company to be Insured on Company's Policy: | | |
| *Number of units: | | Please indicate each unit on the vehicle schedule. |
| Is there a lease agreement for these units? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| What is the purpose of this lease arrangement? | | |
| Provide sample lease agreement. The specific lease agreement is required at time of loss. | | |

| | | |
|--|--|--------------------------------------|
| (Pg 3) Executive Vehicles Furnished to Principals/Employees and Insured Personally: | | |
| Is there a written lease agreement? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Please provide copies for each unit. |
| Must employee carry specific Personal Auto liability limits? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Limit: |
| Is the employee required to carry a personal umbrella policy? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Limit: |
| Do you obtain copies of employee's declaration pages? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Must employee's policy name company as Additional Insured? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|--|--|
| (Pg 3) FMCSA SMS BASIC Ratings in Alert Status: | |
| Which Ones? | |
| Reasons/Causes: | |
| Measures to rectify issues: | |
| | |

| | |
|---|--|
| (Pg 3) FMCSA Safety Related Investigations—Past 6 Months: | |
| Dates: | |
| Reasons/Causes: | |
| Outcomes: | |
| Would you like more information on how to monitor your FMCSA ratings? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| |
|---|
| (Pg 3) Other Related Authorities (discontinued or inactive): |
|---|

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| | | | |
|-------------------------------|--|-------------------|--|
| Entity Name(s): | | | |
| Type(s) of Authority: | | Registration #'s: | |
| Why discontinued or inactive? | | | |

| | | | |
|---|--|----------------------------------|-------------------------------|
| (Pg 3) Radius of Operations Over 350 Miles: (please answer for work over 350 miles radius) | | | |
| How often do you travel this distance? | | | |
| Where do you travel to and from? | | | |
| What is the normal radius? | | What is normally the max radius? | |
| Commodities transported: | | | |
| Percentage that is scheduled work? | % | Notes: | |
| Percentage that is Line Haul work? | % | Notes: | |
| Type of units: | <input type="checkbox"/> Company Owned | <input type="checkbox"/> IC's | <input type="checkbox"/> Both |
| Unit Size (GVW): | How many? | | |
| Additional Info: | | | |

| | | | |
|---|--|----------|--|
| (Pg 3) Residential Deliveries: (please answer if your deliveries are made to residences) | | | |
| Type of goods being delivered: | | | |
| Type of vehicles being utilized: | | | |
| Time sensitive? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details: | |
| Assembly/Installation performed? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Details: | |
| Revenues derived from assembly | | | |
| Additional info: | | | |

| | | | |
|---|--|-----------------------------|--|
| (Pg 3) Customer Facility Management: | | | |
| Where is the work being performed? | | | |
| What is the work being performed? | | | |
| Is there a contract? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, please provide copy | |

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| (Pg 4) Severe Loss Details: (loss details if applicable from page 4) | | | |
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| (Pg 5) Drug Testing: | | | |
| Is a drug test performed at hire? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Is random drug testing performed? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Is a drug test performed after accidents? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Please explain procedures: | | | |
| | | | |

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| (Pg 6) Hazmat Work: | |
| What is the percentage of revenue? | |
| Is it bulk or non-bulk? | |

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|---------------------------------------|--|-----------------------------|
| What are they hauling, how often? | | |
| Which vehicles, owned of IC's | | |
| Size/GVW of vehicles used for hazmat? | | |
| Is there a pollution policy in place? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, please provide copy |
| | | |

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| (Pg 6) *Fleet Vehicles Over 20 Years Old: | | | |
| Number of units: | | Mileage and condition of unit(s): | |
| Regular vehicle maintenance performed? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Describe: | |
| *If no physical damage coverage desired, a satisfactory vehicle inspection must be provided from a licensed mechanic. | | | |

| | | | |
|---|--|-----------------------|--|
| (Pg 6) *Customer Vehicles Driven by you Drivers: (applies to employee or IC drivers) | | | |
| Number of units: | | Frequency: | |
| Written agreement in place? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Please provide a copy | |
| Does your customer understand that their auto insurance is primary? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Additional info: | | | |

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|---|--|--|--|
| (Pg 6) *Trailers Provided to Others for Their Use: | | | |
| Number of units: | | Is there a trailer interchange agreement in place? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are they directly contracted IC's or other authorized Motor Carriers? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no, what type of entity? | | | |

| | | | |
|--|--|--|--|
| (Pg 6) *Trailers Owned by Others Provided to You: | | | |
| Number of units: | | | |
| Is there a trailer interchange agreement in place? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please provide a copy | | | |

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| (Pg 6) *Airport Work Requiring Driving on Tarmac/Ramp: | | | |
| Frequency: | | Airports: | |
| How close to aircraft are drivers? | | Active tarmac? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Additional Info: | | | |

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| (Pg 6) *Deliveries Between 9pm and 6am: | |
| How many deliveries per week? | |
| Are they dedicated drivers? If no, describe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are they dedicated routes? If no, describe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are overnight drivers limited to 12 hours in any 24-hour period? If no, describe below. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please explain overnight driver safety protocol: | |

| | |
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| (Pg 6) *Cannabis/Marijuana Delivered: | |
| How many deliveries per week? | |
| Are they dedicated drivers? If no, describe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are they dedicated routes? If no, describe: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is there a drug testing policy in place for these drivers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |



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Please provide details on the drug testing program:

If marijuana/cannabis products are carried, these items are insured using US domestic insurance carriers only

SPECIAL NOTICE:

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR COMPREHENSIVE APPLICATION. IN ADDITION TO PROVIDING US WITH THE INFORMATION WE NEED TO GET THE BEST POSSIBLE COVERAGE TERMS AND PRICING FOR YOU, WE HOPE GOING THROUGH THE APPLICATION HELPED GIVE YOU A DIFFERENT PERSPECTIVE OF YOUR BUSINESS, AT LEAST IN TERMS OF MANAGING RISK. WHILE OUR APPLICATION IS VERY COMPREHENSIVE, CAPTURING MOST EXPOSURES, IT CERTAINLY CAN BE SAID THAT YOUR INDUSTRY IS EVER CHANGING AND EVOLVING, SO PERHAPS WE HAVEN'T ADDRESSED SOME ASPECT OF YOUR BUSINESS. IF YOU ARE CURRENTLY DOING OR PLANNING TO DO ANYTHING TO GENERATE REVENUE THAT WE HAVEN'T ASKED ABOUT IN OUR APPLICATION, WE STRONGLY URGE YOU TO CONTACT US TO DISCUSS. WE WANT TO HELP YOU ADDRESS ANY POTENTIAL EXPOSURE. SOME EXAMPLES OF THESE INCLUDE (BUT ARE NOT LIMITED TO) THE UTILIZATION OF ALTERNATIVE DELIVERY SOURCES SUCH AS MOPEDS, MOTORCYCLES, CROWD SOURCING, DRONES, ETC. IF THERE IS ANYTHING YOU FEEL SHOULD BE BROUGHT TO OUR ATTENTION, PLEASE DO NOT HESITATE TO MENTION IT. WE CAN ONLY ADDRESS WHAT WE KNOW ABOUT.

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ADDITIONAL ITEMS REQUIRED: (as applicable)

- Hard Copy "Loss Runs" for the last five (5) years for all lines of coverage being quoted.
- Sample copy of Independent Contractor Agreement, and/or Agent Agreement. (Annual Requirements)
- Sample copy of Broker Carrier Agreement if you are a licensed freight broker (Annual Requirements)
- Driver List including full name, birthdate, driver's license #, driver's license state, type of unit, full-time or part-time. Separate or identify drivers of company owned/leased vehicles versus those using their own vehicles.
- Evidence of all owner-operators' auto insurance policy declarations pages if you require drivers to carry limits above state minimums.
 - NOTE: PLEASE BE CAREFUL WHEN REVIEWING IC AUTO INSURANCE DEC PAGES FOR THOSE DRIVING LARGER TRUCKS (OVER 10,000 LBS GVW). NON-TRUCKING OR BOB-TAIL LIABILITY IS NOT ACCEPTABLE. IF YOU DISCOVER ANY OF THESE YOU MUST IMMEDIATELY SUSPEND THAT DRIVERS ACTIVITY AND NOT REINSTATE UNTIL THEY PRODUCE EVIDENCE OF FULL PRIMARY LIABILITY COVERAGE. IF THERE IS ANY QUESTION PLEASE CONTACT YOUR AGENT.
- Fleet Vehicle Schedule (company owned/leased units), including make, model, year, VIN, GVW, normal mileage radius and leinholder info if under lease or loan.
- Copy of current federal and state(s) certificate of authority (if applicable).
- Doctor's approval, or D.O.T. Medical Form for any driver 75 years of age or older.
- Contracts or route information for e-commerce customers.
- Other items requested within this application.



This application must be dated and signed by one of the organization's principals, partners or officers. IT IS IMPORTANT THAT THIS INDIVIDUAL CAREFULLY READ THE SECTIONS BELOW.

IMPORTANT NOTICES

ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

EMPLOYMENT PRACTICES LIABILITY INSURANCE QUOTED WILL PROVIDE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES AND EXPENSES. SUCH COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S) OR RETENTION(S).



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APPLICANT'S REPRESENTATIONS AND SIGNATURE

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
- C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

| | | | |
|--|--|--------------|--|
| Authorized Signature of a Principal, Partner, or Officer. | | | |
| Authorized Signature | | Date | |
| Printed Name | | Title | |

| | | | |
|---------------------------|--|--------------|--|
| Producer Signature | | Date | |
| Printed Name | | Title | |

CANNABIS AUTO INSURANCE APPLICATION

MVR GUIDELINES

Note: All moving violations (MV) and accidents during the past three years are counted. No driver may drive without a valid license for the vehicle type.

| Minor Moving Violations | No Accidents* (at fault) | One Accident* (at fault) | Two Accidents* (at fault) | Three+ Accidents* (at fault) |
|-----------------------------|--------------------------|--------------------------|---------------------------|------------------------------|
| Zero (0) | Acceptable | Acceptable | Acceptable | Unacceptable |
| One (1) | Acceptable | Acceptable | Acceptable** | Unacceptable |
| Two (2) | Acceptable | Acceptable | Unacceptable | Unacceptable |
| Three (3) | Acceptable | Acceptable** | Unacceptable | Unacceptable |
| Four (4) | Acceptable** | Unacceptable | Unacceptable | Unacceptable |
| Five (5) or any Major*** MV | Unacceptable | Unacceptable | Unacceptable | Unacceptable |

***At-Fault Accidents** are those where there is a corresponding minor MV or other indication of fault. Do not count the corresponding minor MV separately.

****May require additional monitoring.**

*****Major Violations**

Any driver with a major violation in the last 3 years is Unacceptable and will be excluded from the policy. Major violations include, but are not limited to:

- Driving while intoxicated or under the influence of liquor or drugs.
- Disregarding or evading a police officer.
- Driving with a suspended license (due to moving violations/accidents, versus “administrative” issues)
- Driving on the wrong side of the road.
- Failure to comply with “Implied Consent” law – refusing a sobriety test.
- Felony involving a motor vehicle.
- Hit and run or leaving the scene of an accident.
- Vehicular assault (or homicide)
- Manslaughter with or without gross negligence.
- Possession of a controlled substance.
- Reckless driving, drag racing or speed contest. Reckless driving also includes excessive speeding over 20 mph over the posted speed limit.

Any MVR information we discuss with you is solely for the purpose of determining insurability. UNDER NO CIRCUMSTANCES SHOULD INFORMATION BE USED FOR EMPLOYMENT PURPOSES. To the extent that employment is contingent upon an MVR, you are encouraged to comply with the specific requirements imposed by the FCRA relative to employment purposes. You may wish to consult with an attorney experienced in “Employment Practices” law in order to develop a compliance policy. You may obtain a copy of the FCRA from the FTC website at <http://www.ftc.gov>.