

GENERAL INFORMATION

Name of Applicant _____ Doing business as _____

Address _____ City _____ State _____ Zip Code _____

Organizational Type: Individual Corporation LLC

Website _____ Phone Number _____ Email _____

Effective Date _____ Expiration Date _____ Applicant Operation is: Hauling Own Goods Contract Carrier

Has there been a change in ownership, management or the name of operation during the last 5 years?..... Yes* No

*If yes, provide details: _____

Annual Revenues: \$ _____ \$ _____
This year expected Last year

Years in business: _____ years *If less than 3 years, explain prior experience: _____

Affiliations: CCSE NORML-NBM CCIA NCIA

OPERATIONS

Do you perform any of the following (check all that apply):

Grower/Cultivator Processor Extraction Testing Lab Dispensary Wholesaler Contract Carrier

License Type: _____ State: _____

ROUTED WORK

Per Conveyance Limits Requested: \$ _____

Items Transported: Concentrates _____% Edibles _____% Oils _____% Flower/Bud _____% Other _____%

Work Environment: Downtown (Dense) Urban: _____% Suburban _____% Rural _____%

Enter the following information:

- Number of Routes per day _____
- Average # of Deliveries per route _____
- Max. # of Deliveries per route _____
- Average Route Mileage _____
- Average Value at start of route _____
- Max. Value at start of route _____
- Max. Route Mileage _____

Do you cross state lines: Yes No

SECURITY MEASURES

Do you have/use any of the following (check all that apply):

- Unmarked Vehicles
- Dropoff
- Vehicle Alarms
- Utilize GPS Tracking Devices
- Tamper Proof Seals
- Bar Code Scanning
- Company Guidelines stating no Firearms allowed in Vehicle
- Use two Drivers per Vehicle
- Use Alternating Routes
- Lock box or Safe in Trunk bolted to floor
- Signature & Count at Pickup
- MVR's on Drivers
- Chain of Custody
- Cell Phones/Radios
- Employee Background Checks
- Use Armed Guards
- Video in Vehicles

Are vehicles ever left unattended? Yes No *If yes, please explain: _____

Do you carry a CO2 fire extinguisher in the power unit while transporting hemp? Yes No

Other Security/Safeguards used: _____

Is cash being transported? Yes No Max. Amount: \$ _____ Average Amount: \$ _____

- Provide a copy of the Safety and Security Manual

WAREHOUSE COVERAGE INFORMATION

Limits	Location	Construction	Items being Stored	Average Values
\$				
\$				
\$				
\$				
\$				
\$				
\$				

BUILDING PROTECTION

Do you have/use any of the following (check all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Security Guard | <input type="checkbox"/> Armed | <input type="checkbox"/> Locking Doors | <input type="checkbox"/> Controlled Access (Fobs, Swipe, Id's) |
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Interior Video | <input type="checkbox"/> Panic Buttons | <input type="checkbox"/> Gated Doors |
| <input type="checkbox"/> Motion | <input type="checkbox"/> Exterior Video | <input type="checkbox"/> Gated/Fenced | <input type="checkbox"/> Central Station Alarm |
| <input type="checkbox"/> Vaults | <input type="checkbox"/> Restricted Entry | | |

LOSS HISTORY

Have you had any losses in the previous 5 years? Yes No

If yes, please provide the following information:

Date of Loss	Description of Loss	Amount Paid	Claim Open
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR CARRIER INFORMATION

Year	Category	Carrier	Premium

Copy of the Notice of Information Practices (Privacy) has been given to the applicant.
(Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN YOUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

*Applicant's Initials: _____

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

Applicable in CO: 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 FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer's Signature

Producer's Name (Print)

State Producer Licence No.
(Required in Florida)

Applicant's Signature

Date

National Producer Number