



## AlphaGreen Cannabis Comprehensive Coverage

### Application

**INSTRUCTIONS:** PLEASE FULLY ANSWER ALL QUESTIONS AND SUBMIT ALL REQUIRED ATTACHMENTS ALONG WITH THE SUPPLEMENTAL APPLICATION(S) FOR THE REQUESTED COVERAGES. THE APPLICATIONS MUST BE SIGNED AS INDICATED BELOW.

The term “**Applicant**” shall mean all natural persons and entities, including the **Named Insured** and any **Subsidiary**, proposed for coverage.

#### A. GENERAL INFORMATION

1. Name of **Applicant**: \_\_\_\_\_

**Applicant** Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

Primary SIC Code(s): \_\_\_\_\_

Date of Formation/Incorporation: \_\_\_\_\_ State of Formation/Incorporation: \_\_\_\_\_

2. **Applicant's** authorized representative to receive notices from the Insurer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Number of locations: Domestic: \_\_\_\_\_ Foreign: \_\_\_\_\_ Total number of employees: \_\_\_\_\_

4. Description of Business: \_\_\_\_\_

5. Indicate the type(s) of Cannabis involved in your business (select all that apply):

THC       CBD       Hemp (non-CBD)       Medicinal       Adult Use

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

6. Nature of Operations (select all that apply):

- AgTech                       Biotech/Pharma/R&D  Breeder                       Business Consultant  
 Consumer Goods – Food, Beverages & Consumables                       Consumer Goods – Other  
 Cultivator                       Delivery Service                       Dispensary                       Distributor  
 Extractor                       Financial Services                       Healthcare                       Laboratory/Product Testing  
 Marketing/Advertising                       Real Estate                       Security                       Web Development/Software  
 Other: \_\_\_\_\_

**B. INSURANCE INFORMATION**

Please complete the table below.

Coverage	Limit Requested	Currently Have Coverage?	Current Carrier	Current Limits of Liability	Current Policy Expiration Date
Directors & Officers Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

1. Has any insurance carrier refused, cancelled, or non-renewed any of the coverages listed above in the past five (5) years?  Yes  No

*\*If Yes, attach complete details including when and the reason(s) why.*

**C. ORGANIZATIONAL INFORMATION**

1. Is coverage requested for any **Subsidiaries**?  Yes  No

*\*If Yes, complete the table below. If necessary, attach a separate page or an organizational chart.*

Name of Subsidiary	Legal Structure of Entity	% of Ownership	Date Acquired /Created	Nature of Operations/ Services Provided
		%		
		%		
		%		
		%		
		%		
		%		

2. Does the Charter, By-Laws or Operating Agreement of the **Applicant** provide indemnification to its Directors and Officers to the fullest extent permitted by law?  Yes  No
3. Have there been any changes to the Board of Directors or key **Executives** within the past two (2) years?  Yes  No

*\*If Yes, attach details on a separate page.*

**D. CORPORATE CHANGES**

1. Has the **Applicant** in the past twenty-four (24) months completed or agreed to, or does it contemplate within the next twelve (12) months, any of the following:
- a. Merger, acquisition, consolidation or divestiture?  Yes  No
- b. Branch, location, facility, office, or **Subsidiary** closings, consolidations, or layoffs?  Yes  No

- c. Reorganization, restructuring, or arrangement with creditors? Yes No
- d. SPAC transaction, private placement or other offering of securities? Yes No
- e. Capital raise through crowdfunding? Yes No
- f. Offering any crypto currency, digital or utility coin/token (or equivalent), or digital asset, including any that may be subject to or considered in any way part of an investment contract? Yes No

***\*If Yes to D.1.a. to f. above, attach details on a separate page.***

**E. FINANCIAL INFORMATION**

1. Provide the following financial information from the **Applicant's** most recent audited financials (or interim financials if audited financials are not available).

	/ (Month/Year)
Total Assets	\$
Total Liabilities	\$
Long Term Debt (if applicable)	\$
Total Revenues	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$

- 2. Has the **Applicant** changed auditors in the past year? Yes No
- 3. Has the **Applicant's** auditors rendered a "going concern" opinion or identified a material weakness in internal control over financial reporting in the past two (2) years? Yes No
- 4. Has the **Applicant** defaulted on any debt or violated any debt covenant in the past year, or anticipate defaulting on any debt or violating any debt covenant within the next twelve (12) months? Yes No

***\*If Yes to E.2. to 4. above, attach details on a separate page.***

- 5. Does the **Applicant** have enough funding to maintain its operations for the next twelve (12) to eighteen (18) months? Yes No

***\*If No, attach details on a separate page.***

**F. OWNERSHIP**

- 1. Are any of the **Applicant's** securities publicly traded or subject to a shelf registration? Yes No
  - a. If yes, what is the ticker symbol and on what exchange are they (or will they be) traded on?

\_\_\_\_\_

- 2. What is the **Applicant's** total number of voting shares outstanding? \_\_\_\_\_
- 3. What is **Applicant's** total number of voting shareholders? \_\_\_\_\_

***\*If there are multiple classes of stock, attach a list of all classes including the number of shares and shareholders in each class.***

- 4. Are any of the **Applicant's** securities convertible to voting stock? Yes No
 

***\*If Yes, attach details on a separate page.***
- 5. What percent of the total voting shares are owned directly or beneficially by the **Applicant's** Directors and Officers? \_\_\_\_\_%
- 6. List all shareholders that own 5% or more of the total voting shares of the **Applicant**. If necessary, attach a separate page.

***\*\*If Not Applicable, then check here.***

Names of Shareholders	Voting Shares Owned	Director or Officer of Applicant?
	%	<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
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL</b>	%	

7. Is any of the **Applicant's** stock held by an Employee Stock Ownership Plan (ESOP)?  Yes  No

*\*If Yes, attach details on a separate page.*

8. Does the **Applicant** have any of its private company debt purchased by the public?  Yes  No

*\*If Yes, what is the total amount? \$ \_\_\_\_\_ Debt Rating? \_\_\_\_\_*

**G. CORPORATE CYBERSECURITY AND GOVERNANCE**

1. Does the **Applicant** have a formal risk assessment methodology which includes at least an annual review of organizational risks?  Yes  No

2. Does the **Applicant** employ a Chief Security Officer, Chief Information Security Officer or equivalent position dedicated to Information Security?  Yes  No

3. Does the Board of Directors have the requisite expertise, and policies and procedures in place, as it relates to:

a. Cybersecurity?  Yes  No

b. Internal Audit?  Yes  No

c. Corporate Governance?  Yes  No

*\*If No to any items listed in G.3. a. to c. above, are third party consultants utilized for these services?  Yes  No*

**H. CLAIMS HISTORY (DO NOT COMPLETE FOR HUDSON RENEWALS)**

1. Has the **Applicant** or any Director or Officer:

a. Been involved in any antitrust or intellectual property litigation?  Yes  No

b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or unfair trade law?  Yes  No

c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation?

d. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state money laundering or narcotics law?  Yes  No

e. Been involved in or subject to any investigations, representative actions, class actions, or derivative suits?  Yes  No

f. Been charged or named in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law?  Yes  No

*\*If Yes to H.1.a. to f. above, then attach details on a separate page.*

2. Has there been, or is there now pending against the **Applicant**, any of the following: any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, informal administrative or regulatory investigation, or arbitration proceeding? Yes No

***\*If Yes, attach details on a separate page including a description of the matter(s) and the resolution(s) thereof, and/or the current status if still pending.***

3. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for the requested coverage? Yes No

***\*If Yes, attach details on a separate page.***

**I. WARRANTY (DO NOT COMPLETE FOR HUDSON RENEWALS)**

1. Does any person(s) or entity(ies) applying for insurance have knowledge of any fact, circumstance, or actual or alleged act, error or omission which might give rise to a demand, claim, suit, investigation, action, or loss under the proposed policy? Yes No

***\*If Yes, attach details on a separate page.***

**IF ANY SUCH ACT, ERROR OR OMISSION EXISTS, WHETHER OR NOT DISCLOSED HEREIN, ANY CLAIM ARISING FROM SUCH ACT, ERROR OR OMISSION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED.**

**J. REQUIRED ATTACHMENTS**

Please submit the following as part of this **Application**:

- Bios on founders and/or senior management team
- Organizational chart and list of operating divisions
- Business plan or investor pitch deck (if available)
- Latest annual audited Financial Statement (or pro-forma/unaudited financials is a start-up)
- Corporate By-Laws or Operating Agreement (if applicable)
- Certificate or Articles of Incorporation
- All names under which the Company or any predecessor thereof has done business in the past five years
- Name and address of registered agent in each state where qualified
- List of states and foreign countries in which the trade names are registered
- List of states and foreign countries in which tax returns are filed because of the ownership of property or conduct of business
- Details on cash and investments including:
  - Description of cash management procedures
  - Any restricted cash, compensating balances, bank letters of credit
  - Summary of cash listing for each bank account, including period end account reconciliations, account title, authorized signers

**K. REPRESENTATIONS**

The undersigned authorized owner, partner, director, or officer represents and warrants on behalf of the Named Insured and all persons/entities for which insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. It is further understood and agreed that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, the Insurer shall have the right to exclude from coverage any matter based upon, arising out of, or in any way related to the material misrepresentation or omission in the Application.

The undersigned authorized owner, partner, director, or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. Applicant's acceptance of the **Insurer's** quotation is required prior to binding coverage and policy issuance.

SIGNATURE:	DATE:
PRINT NAME:	TITLE:

## **APPLICANT FRAUD WARNINGS**

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

### **To Prospective Insureds In:**

**Notice to Colorado Applicants:** 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia and Louisiana Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Oklahoma Applicants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Kansas Applicants:** An act committed by 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.

**Notice to Maine, Tennessee, Virginia and Washington Applications:** 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/or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**Notice to New Hampshire Applicants:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Notice to New York Applicants:** 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants:** 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 purposes 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.