



Cannabis LBA Delivery Supplemental Application

General Information

Named Insured: _____

Website: _____ FEIN: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Age of Business: _____ Hours of Operation: _____

Description of Operations:

Operating as: Individual Partnership Corporation Other: _____

Total Revenue: _____ Operating Budget: _____

Qualification

If the answer to any of the following is "Yes," the risk is unacceptable*

- I. Are any vehicles above 15,000 lbs. Gross Vehicle Weight (GVW)? Yes No
- II. Are any vehicles above 8-passenger seating capacity? Yes No
- III. Does the insured have any 24-hour operations? Yes No
- IV. Are there any trailers, heavy trucks, or tractors? Yes No
- V. Do the insured's operations include commercial construction or sand and gravel? Yes No

*Please reach out to your underwriter if you have any questions about the above guidelines or a particular submission.

Please attach the following with this completed Supplemental:

- Signed Acord
- List of driver names & DOBs
- List of driver phone numbers
- MVR reports
- Currently valued loss runs
- List of VINs, make & model

Exposure Details

In order to provide the most accurate quote, we will need the items below:

Effective Date: _____ Total Annual Miles: _____

States of Operation: _____

City	% of Operations	City	% of Operations

Vehicles

I. Are ALL company vehicles stored overnight in a central location? Yes No

II. Where? _____

III. Are any employees allowed to take company vehicles home? Yes No

IV. Do any employees use personal vehicles for business operations? Yes No

V. Are any vehicles hired or leased? Yes No

VI. If so, please describe:

VII. How often are vehicles replaced? Please list criteria for replacement:

VIII. Does the insured have any of the following?

Documentation of Repairs:
 Yes No

Post-Trip Inspections:
 Yes No

Pre-Trip Inspections:
 Yes No

Periodic In-Depth Inspections:
 Yes No

Drivers

I. Number of

Full time drivers: _____ Back-up drivers: _____

Part time drivers: _____ Contracted drivers: _____

II. Average Annual Driver Turnover: _____%

III. Does the insured have a driver incentive program? Yes No

IV. Please mark driver hiring requirements:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> MVR Reports | <input type="checkbox"/> Criminal background check |
| <input type="checkbox"/> Drug check | <input type="checkbox"/> Minimum age: _____ |
| <input type="checkbox"/> Driving test | <input type="checkbox"/> Minimum years licensed: _____ |
| <input type="checkbox"/> Other: | |
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V. How often does the insured order and review MVRs for drivers?

VI. What criteria is used for MVR acceptability?

Risk Management & Claims Reporting

I. Name and title of the person responsible for risk management & claims reporting:

II. Does the insured hold regular safety meetings? Yes No

III. How often are they held? _____

IV. Is attendance mandatory? Yes No

Premium History

Period Term	Insurance Company	Auto Liability Premium	Physical Damage Premium
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

Cannabis Delivery Operations

I. How does the insured take payment? (cash, customer facing application, website, etc.)

II. Is cash allowed in the vehicle? Yes No

III. Do hours comply with local cannabis delivery operations? Yes No

IV. Are there any armed drivers? Yes No

V. Do drivers complete any program like Training for Intervention ProcedureS which establishes things to check for when delivering to the customer (underaged, intoxicated, etc.)? Please list any procedures:

VI. Is there currently coverage in place for inventory being transported? Yes No

PLEASE NOTE:

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

WARNING: ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

FRAUD WARNING NOTIFICATIONS

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.

COVERAGE SELECTION/REJECTION

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) AND/OR PERSONAL INJURY PROTECTION (PIP) OR MEDICAL PAYMENTS (MP) HAS BEEN OFFERED TO ME, AND THAT I **MAY** HAVE THE OPTIONS OF SELECTING LOWER LIMITS, OR REJECTING THIS COVERAGE ENTIRELY. IF I HAVE REJECTED THIS COVERAGE OR SELECTED LOWER LIMITS, I HAVE AUTHORIZED THIS COVERAGE SELECTION/REJECTION PER STATE REQUIREMENTS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ELECTRONIC TRANSACTIONS AGREEMENT

Fairmatic™ is a leader in technology and generally conducts business via email. Fairmatic™ is required by law to provide you with certain information in writing; however, with your consent we can provide information and documents to you electronically, including, but not limited to your Insurance Policy Documents. If you consent, you will receive all of your Insurance Policy Documents from your broker electronically, to the extent permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format. We (and your broker) reserve the right, at our sole discretion, to provide any Insurance Policy Document to you in paper form instead.

If you consented to receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your Insurance Policy Documents at any time. If you elect to receive paper copies of Insurance Policy Documents, you may be charged an additional servicing fee. Please contact your broker for any such withdrawals or requests, as well as to change the email address or other contact information that Fairmatic™ has on file for you.

If you consent to receive Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the internet; (ii) an internet service provider; (iii) an email service account that allows you to read, write, and send email; (iv) an active email address, and (v) the ability to use hyperlinks to access other web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format (PDF). If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

If you previously requested to receive documents in paper format, by renewing your policy you are confirming that you: (i) understand that you will have to contact your broker to make any changes or updates regarding your Policy; and (ii) acknowledge that you have the option of electing to receive documents electronically as specified in the Electronic Transactions Agreement above.

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. THE UNDERSIGNED REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE.

Producer's Signature	Producer's Name	Date
Applicant's Signature	Applicant's Name	Date