



Medical Marijuana Crop Insurance Application

Applicant Name:

Mailing Address:

Telephone Number:

Fax Number:

email:

Business Entity type:

C-Corp S-Corp LLC LLP Partnership Sole Proprietor

Year Business Started:

Years of Experience:

Location Address:

- 1)
- 2)
- 3)
- 4)
- 5)

Select desired deductible:

\$5000 \$10,000 10% of Insured Value 15% of Insured Value 20% of Insured Value

Underwriting Considerations:

1) Has your growing facility been inspected by a licensed electrician who has determined that the power supply and number of circuits are adequate for your operations? Yes No

A Licensed electrical contractor must provide a signed letter on company letterhead stating that the electrical architecture of the premises is adequate for the applicant's operations.

2) How do you maintain a constant temperature in the facility?

3) How do you maintain a constant humidity in the facility?

4) How do you maintain proper ventilation in the grow facility?

5) Do you use Moisture Meters when watering? Yes No

6) Do you have a ½ ton safe that is bolted to the floor? Yes No

