

## Medical Marijuana Dispensary Supplemental

Name of Applicant: \_\_\_\_\_

Does the applicant make deliveries off premises? Yes  No

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

Do you have a TL-15 rated or greater safe that is bolted to the floor? Yes  No

Do you have an operating and functional central station burglar alarm with contacts on all windows and doors that open to the outside? Yes  No

Do you have an operating and functional central station burglar alarm with a motion detector in every room at the premises owned, leased, rented and/or occupied? Yes  No

Do you have an operating and functional central station burglar alarm with glass break detectors and/or shock detectors which cover all windows? Yes  No

Do you have a hold-up button or panic button that reports to a central station alarm monitoring company? Yes  No

Do you have interior video cameras? Yes  No

Do you utilize security guards\* and/or bouncers? Yes  No

\* Security guards are defined as uniformed guards which are licensed by the California Bureau of Security and Investigative Services

If "yes", are the security guards and/or bouncers employees? Yes  No

If "no", do the security guards and/or bouncers carry insurance and name you as additionally insured under their policy? Yes  No

Do you utilize greeters\* and/or door Identification checkers ? Yes  No

\* Greeters are defined as employees who typically check identification before patrons enter the premises. Greeters and/or Identification checkers are not employed to restrain or eject any person.

Is the applicant or any of the applicant's employees armed with any type of weapon? Yes  No

Do you keep written records of all product purchased, including date of purchase, type(s) of product purchased and cost of purchased product? Yes  No

I hereby apply for a policy of insurance as set forth in this application, and I certify that all of the information provided by me in this application is true and complete. I understand that any policy, which may be issued by the Company, will be issued on the basis of, and in reliance upon, my statements in this application, and that any intentional or non-intentional material misrepresentation made by me may affect the payment of claims. This application is not a binder, and nothing herein contained shall be construed as an agreement to provide insurance of any kind.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Retail Broker's Signature

\_\_\_\_\_  
Date

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.