



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

Hemp/CBD Application

**LIFE SCIENCES
Division**
Email to LS@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- 5 year loss runs currently valued
- Copies of product catalogue, brochures, and literature

SECTION I – GENERAL INFORMATION

Applicant name:

DBA:

Address:

City:

State:

Zip:

Phone:

Website:

Years in business under current management:

Date established:

Inspection contact name and information:

Type of enterprise: Corporation Individual Partnership Proprietorship LLC
 Non-profit For profit Joint venture Government entity
 Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic sales	Foreign sales	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

1. Have any of the principals engaged in this or similar enterprises under a different name? Yes No
 If "Yes", please list entity and operations:

2. Please describe applicant's experience operating a hemp business and/or running or managing a commercial business:

3. Is the applicant in compliance with all local and state laws regarding the growth, manufacturing, sale, and/or control of hemp and hemp containing products? Yes No

4. Is the applicant licensed for any medical or adult-use marijuana operations? Yes No

5. Is the insured a member of any hemp trade associations? Yes No
If Yes, what organization(s)?

Please provide the following financial information:	Previous 12 months	Projected next 12 months
Annual gross receipts from bulk raw hemp (e.g. leaves, bud, flower, trim, biomass, etc) -NOT PACKAGED/LABELED FOR SALE TO CONSUMER		
Annual gross receipts from processed bulk products (e.g. hemp extract oil, CBD isolate, etc) – NOT PACKAGED/LABELED FOR SALE TO CONSUMER		
Annual gross receipts from dietary supplements/nutraceuticals/enriched food products (e.g. tinctures, capsules, nutritional bars, CBD edibles, etc)		
Annual gross receipts from oil cartridges or concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from sale of vaporizers/batteries		
Annual gross receipts from topicals (e.g. creams, lotions, massage oils, etc)		
Annual gross receipts from smokeable hemp products (e.g. extracts, flower, shatter, etc) - NOT FOR USE IN VAPORIZING DEVICES		
Annual gross receipts from viable seeds and clones		
Annual gross receipts from smoking accessory sales (e.g. pipes, rolling papers, or other non-vaporizer type smoking products)		
Annual gross receipts from sales of other hemp derived goods (e.g. clothing, accessories, etc)		
Annual gross receipts of sales from non hemp derived goods (e.g. nutraceuticals, topicals, accessories, etc)		
Total Revenues (All Products):		

SECTION II – PREMISES INFORMATION (please complete this section for each location)

1. Location:

2. What is the square footage of the building (s) occupied by the applicant at this location:

3. Description of business operation(s) at this location:
 Cultivation/Growing Processor/Manufacturing
 Extraction Retail Store
 Office Storage

4. Describe the type of crime area in which applicant's premises is located: Low Moderate High

5. Describe the area in which the applicant's business is located:
 Commercial Industrial Agricultural Residential

6. Is the nature of the business advertised on the outside of the building? Yes No

7. Does applicant occupy the entire building? Yes No
a. If "No", are there connecting doors to adjacent units? Yes No
b. If "Yes", how are the connecting doors secured (i.e., deadbolts, alarms, etc.):

<p>8. Does anyone live on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please describe occupancy:</p> <p>If "Yes", is separate homeowner's insurance coverage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>9. Does the premises have a pool, pond, or other water exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:</p>														
<p>10. Which of the following security systems are utilized <i>(please check all that apply)</i>:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Central station burglar alarm</td> <td><input type="checkbox"/> Exterior video cameras</td> </tr> <tr> <td><input type="checkbox"/> Interior video cameras</td> <td><input type="checkbox"/> Interior motion detectors</td> </tr> <tr> <td><input type="checkbox"/> Security guards – armed</td> <td><input type="checkbox"/> Security guards – unarmed</td> </tr> <tr> <td><input type="checkbox"/> Door greeter/ID checker</td> <td><input type="checkbox"/> Gated doors</td> </tr> <tr> <td><input type="checkbox"/> Gated windows</td> <td><input type="checkbox"/> Hold-up button/panic button</td> </tr> <tr> <td><input type="checkbox"/> Safe or vault</td> <td><input type="checkbox"/> Dog(s); Breed and Number:</td> </tr> <tr> <td><input type="checkbox"/> Fencing</td> <td></td> </tr> </table>	<input type="checkbox"/> Central station burglar alarm	<input type="checkbox"/> Exterior video cameras	<input type="checkbox"/> Interior video cameras	<input type="checkbox"/> Interior motion detectors	<input type="checkbox"/> Security guards – armed	<input type="checkbox"/> Security guards – unarmed	<input type="checkbox"/> Door greeter/ID checker	<input type="checkbox"/> Gated doors	<input type="checkbox"/> Gated windows	<input type="checkbox"/> Hold-up button/panic button	<input type="checkbox"/> Safe or vault	<input type="checkbox"/> Dog(s); Breed and Number:	<input type="checkbox"/> Fencing	
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<p>11. Are all security measures fully operational during non-business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", which ones are not:</p>														
<p>12. If security guards are used, are they employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "No", do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name applicant as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. What minimum limits of coverage do independent contractors carry?</p>														
<p>13. Are there any firearms on the property (including any firearms carried by security guards)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:</p>														
<p>14. Does this location have a designated smoking area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														

SECTION III – CULTIVATION	
<p>1. Is the applicant licensed/registered to grow hemp with the appropriate state/local agency? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Does the applicant grow any marijuana for medicinal or recreational purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are those operations performed under a separately licensed entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Are hemp cultivation areas located: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouse a. If outdoors, provide the approximate size of the growing area in acres:</p>	
<p>4. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer the following:</p> <p>a. Please describe fence (i.e. height, material used, electrified, etc.):</p> <p>b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Is fenced in area locked at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Are there locked gates at all entrances to the property and/or growing area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please describe how the greenhouse will be secured to prevent unauthorized entry:</p>	

6. Does applicant use a third party testing laboratory to test their hemp and products containing hemp? Yes No
- If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):
- Products are not contaminated with pesticides
 - Products are not contaminated by bacteria
 - Products are not contaminated by mold/fungus
 - Products are not contaminated by mycotoxins
 - Products are not contaminated by heavy metals
 - Products are not contaminated by residual solvents
 - Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- If "No", how does applicant ensure product purity?

SECTION IV – PROCESSING AND EXTRACTION OPERATIONS

1. Are manufacturing and processing facilities located: Indoors Outdoors
 If outdoors, provide the approximate size of the processing area in acres:
2. Will the production of any of the above listed products require open flame, frying, or other cooking methods? Yes No
 If "Yes", please answer the following:
- a. Does your establishment have an automatic fire suppression system that extends over all cooking surfaces? Yes No
 - b. Are hoods and flues inspected/cleaned by an outside service and tagged for verification of this? Yes No
3. Will your operation(s) include the extraction of cannabis oils or the manufacture of any concentrates? Yes No
 If "Yes", please answer the following:
- a. Does the applicant utilize closed-loop extraction and non-volatile solvents in their extraction process? Yes No
 - b. If applicant will use an extraction method that utilizes pressurized or flammable materials, is the insured's production equipment or system certified or intended for this use? Yes No
 - c. Will the oils or concentrates be distributed in bulk to other infused product manufacturers? Yes No
4. Does applicant use a third party testing laboratory to test their hemp and products containing hemp? Yes No
 If "Yes", do all testing reports received from this laboratory indicate the following (please check all that apply):
- Products are not contaminated with pesticides
 - Products are not contaminated by bacteria
 - Products are not contaminated by mold/fungus
 - Products are not contaminated by mycotoxins
 - Products are not contaminated by heavy metals
 - Products are not contaminated by residual solvents
 - Cannabinoid profiles (e.g. THCA, delta8-THC, delta9-THC, CBDA, CBD, CBG, CBN, etc.)
- If "No", how does applicant ensure product purity?

SECTION V – PRODUCT LIABILITY

1. Does applicant design and manufacture the complete product? If "No", describe products or components purchased:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any products, ingredients, or components originate from outside the United States? If "Yes": a. Specify the country(ies) of origin: b. Does applicant import these products or components directly? c. Are imported products and components tested for contamination and verification that they match what was ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do others manufacture, assemble, or package products under applicant's name or label? If "Yes", please provide the name(s) and address(es) of the contract manufacturers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does applicant obtain COIs evidencing products liability insurance coverage from each manufacturer and supplier based in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is applicant named as an additional insured vendor on each manufacturer's/supplier's product liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does applicant have written quality control and testing procedures in place? If "Yes", How long are quality control and testing records kept? If "No", What is done to confirm quality and purity in lieu of formal quality control processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Can applicant identify their product(s) from those of competitors? If "Yes": a. Describe how applicant's products are distinguished from those of competitors? b. Do applicant's records indicate the date of sale and purchaser of products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the applicant obtain COAs from third party testing labs for all finished products manufactured by the applicant or produced by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the applicant sell any products in child – resistant packaging? If "Yes", which products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the applicant limit the sale or distribution of any products to customers who are 18+? If "Yes", how do they confirm the age of the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are any of the applicant's products marketed for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do nutraceutical and/or dietary supplement product labels clearly state that the FDA has not evaluated them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do applicant's product labels clearly state all necessary warnings concerning safety information including any known side effects and contraindications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do any of applicant's products have similar names that might reflect that they are intended for the same use as a FDA approved drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI – PRIOR INSURANCE & CLAIMS HISTORY

1. Please provide insurance information for the past three (3) years.

Carrier	Limits	Deductible	Retro date	Premium	Exposure base or policy rate

2. In the last five (5) years, have any adverse events been reported to applicant and/or the FDA concerning applicant's products? Yes No
 If "Yes", please state number of events and provide details for each (*attach a separate page if more space is needed*):

3. Has any claim been made against any person(s) or organization(s) to be covered under this insurance during the last five (5) years? Yes No
 If "Yes", please provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of claims	Total paid	Total reserves	Total incurred	Valuation date

SECTION VII – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (*Not applicable in North Carolina*)

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

COPY OF 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 our 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 applications in these states.*)

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

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 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.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: