



**Cannabis Business Application**

Email Applications to:  
 submissions@virtusund.com

**APPLICANT'S INSTRUCTIONS:**

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

**SECTION I – GENERAL INFORMATION**

Business Name:				
DBA:				
Address:				
City:			State:	Zip:
Phone:		Website:		
Main Contact:		Email Address:		
Years in business under current management:		Date established:		
Inspection contact name and information:				
Type of enterprise: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit <input type="checkbox"/> Joint venture <input type="checkbox"/> Government entity <input type="checkbox"/> Other:				
1. Is the insured a member of any cannabis / marijuana trade associations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "Yes", what organization(s)? <input type="checkbox"/> CCSE <input type="checkbox"/> NORML - NBN <input type="checkbox"/> NCIA <input type="checkbox"/> CCIA <input type="checkbox"/> Other:				
Description of Product Use: <input type="checkbox"/> Recreational <input type="checkbox"/> Medicinal <input type="checkbox"/> Both				
Has any applicant or principal filed for Bankruptcy in the last 5 years? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span> a. If yes, which type? <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 13				
Description of operations:				
List of subsidiaries and their operations:				
List any additional offices and provide locations:				
Have any of the principals engaged in this or similar enterprises under a different name? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If "Yes", please list entity and operations:				
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 <sup>nd</sup> year prior				
3 <sup>rd</sup> year prior				
4 <sup>th</sup> year prior				

**SECTION II – PRIOR INSURANCE AND 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, has any claim been made against any person(s) or organization(s) to be covered under this insurance?  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 III – INSURANCE INFORMATION**

Please indicate below, by placing an "X" in the box, which coverages are being requested and complete relevant portions of this application as applicable.

Coverage	Requested?	Application Sections to Complete
<b>Commercial Property</b>		Section IV – Property Coverage Section V – Premises Information
<b>General Liability</b>		Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: <i>(only complete the parts that apply to your operations)</i>  Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations
<b>Products Liability</b>		Section V – Premises Information Section VI – Operations Section VII – Liability Coverage: <i>(only complete the parts that apply to your operations)</i>  Part A. – Dispensary Operations Part B. – Grow Operations Part C. – Manufacturing & Processing Operations

**SECTION IV – PROPERTY COVERAGE (please complete this section for each location/building)**

1. Location/Building # \_\_\_\_ / \_\_\_\_ How many Buildings/Structures at this location? \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. Is this location fully open and operational? Yes  No   
If no, when do you expect to be open and fully operational? \_\_\_\_\_
4. What are the operations at this building only (Manufacturer, Processor, Indoor Grow, Outdoor Grow (No Structure), Retail, Dispensary, Lab, Delivery, Other (describe): \_\_\_\_\_
5. Is there any oil extraction done at this location? Yes  No   
If Yes, what method is used? (CO2, Butane, Propane, etc...) \_\_\_\_\_

**General Building Questions:**

6. Year Building Built: \_\_\_\_\_ **If the building is over 20 years old, provide the year the following were updated:** Square footage: \_\_\_\_\_  
Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ HVAC \_\_\_\_\_ Age of Roof \_\_\_\_\_  
Roof Construction type (Tile, Metal, Wood Shingle, etc...) \_\_\_\_\_
7. Construction Type: (Frame, Masonry, Glass, etc...) \_\_\_\_\_ No. of Stories \_\_\_\_\_ ISO Protection Class \_\_\_\_\_
8. Are there Fire Sprinklers? Yes  No  Percentage of the Building is Sprinkled? \_\_\_\_\_%
9. Does the applicant own the building? Yes  No
10. Is the building currently undergoing or planning to undergo any renovations, repairs, construction, etc?  Yes  No  
If Yes, please provide details: \_\_\_\_\_  
What stage are the renovations currently at? \_\_\_\_\_  
If not currently occurring, for when are the renovations planned? \_\_\_\_\_  
When do you expect the renovations to be completed? \_\_\_\_\_  
What is the total estimated value of the renovation? \_\_\_\_\_  
Do you currently have a builders risk policy? Yes  No  If yes, please provide a coverage certificate

**Property Questions:**

11. Does the applicant have an approved safe: Yes  No   
*minimum safe requirements: 800lb with a 1-hour fire rating; under 2000lb must be bolted to the ground*
12. Is there a vacuum oven, centrifuge, distillation column and/or Roto Vaps in the building? Yes  No   
If Yes, please provide manufacturer, model number, replacement cost, and motor's HP for each. \_\_\_\_\_
13. Is there an electrical back up system? \_\_\_\_\_ How are the plants watered? \_\_\_\_\_

14. Property Coverage for the location listed above:

Building Coverage: \$ _____	Triple Net Lease <input type="checkbox"/>	Applicant Owns Building <input type="checkbox"/>
Loss of Income: \$ _____	Number of months to be covered _____	
Business Personal Property: \$ _____		
Indoor Grow Equipment: \$ _____		
Outdoor Grow Equipment: \$ _____	*Completed Stock is defined as Manufactured Products ready for sale or packaged and sealed inventory containing marijuana buds and/or its derivatives. No harvested or growing plants fall under this category.	
Tenants Improvements: \$ _____		
Completed Stock*: \$ _____	**Goods in Process is defined as Cannabis Buds and Flowers that have been harvested and are in the curing phase of production. No Stock, crop or growing plants fall under this category.'	
Goods In Process**: \$ _____		

15. Crop Coverage Table:

Crop Coverage Limits	Number of Plants	X	Per Plant Value	=	Total Property Coverage
Seeds					\$ -
Immature Seedlings					\$ -
Vegetative Plants					\$ -
Flowering Plants					\$ -
Harvested Plants					\$ -

\*no coverage for plants while growing outdoors

**SECTION V – PREMISES INFORMATION (please complete this section for each location/building)**

16. Location/Building #: \_\_\_\_\_ / \_\_\_\_\_

17. Description of business operation(s) at this location:

- |  |   |
|--|---|
| <input type="checkbox"/> Cultivation / Growing                         | <input type="checkbox"/> Processor of Marijuana               |
| <input type="checkbox"/> Manufacturer of Marijuana Containing Products | <input type="checkbox"/> Recreational Marijuana (Retail Shop) |
| <input type="checkbox"/> Medical Marijuana (Dispensary)                | <input type="checkbox"/> Marijuana Testing Lab                |

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

19. Square footage of building occupied by insured: \_\_\_\_\_

20. Describe the area in which the applicant's business is located:

- Commercial  Industrial  Agricultural  Residential

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

22. 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.*):

23. Does anyone live on the premises?  Yes  No

If "Yes", please describe occupancy:

If "Yes", is separate homeowner's insurance coverage in place?  Yes  No

24. Does the premises have a pool, pond, or other water exposure?  Yes  No

If "Yes", please explain:

25. Which of the following security systems are utilized (*please check all that apply*):

- |  |  |
|--|--|
| <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                       |  |

26. Are all security measures fully operational during non-business hours?  Yes  No

If "No", which ones are not:

27. If guards and/or greeters are used are they employees?  Yes  No

- 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?  Yes  No
- b. Does the applicant get certificates of insurance (COIs) evidencing limits and AI status for the applicant?  Yes  No
- c. What limits do independent contractors carry?

28. Are there any firearms on the property (including any firearms carried by security guards)  Yes  No

If "Yes", please explain:

29. Does applicant have a written plan or manual that describes business security procedures including what to do in the event of a robbery or other crime?  Yes  No

30. Are employees instructed to cooperate and obey the robber's instructions and not to resist?  Yes  No

**HIRED & NON-OWNED AUTO**

31. Do all drivers maintain a personal auto policy and keep in force at all times?  Yes  No

32. Does the driver have any DUI, DWI or Reckless driving violations?  Yes  No

33. Do maintain copies of MVR's for all drivers?  Yes  No

**SECTION VI – Operations**

2. Please provide the following financial information:

	Previous 12 months	Projected next 12 months
Annual gross receipts from medical marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused medical marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical medical marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from medical marijuana oil cartridges or medical marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from medical marijuana concentrates not intended for use in vaporizing devices		
<b>Total Medical Marijuana &amp; Medical Marijuana Containing Products:</b>		
Annual gross receipts from recreational marijuana (i.e. leaves, bud, flower, and trim)		
Annual gross receipts from infused recreational marijuana edible products containing THC or other active cannabinoids (e.g. baked goods, candies, other food or drink items, tinctures, capsules, etc.)		
Annual gross receipts from topical recreational marijuana products containing THC or other active cannabinoids (e.g. oils, creams, lotions, etc.)		
Annual gross receipts from recreational marijuana oil cartridges or recreational marijuana concentrates intended to be used with vaporizers or vapor pens		
Annual gross receipts from recreational marijuana concentrates not intended for use in vaporizing devices		
<b>Total Recreational Marijuana &amp; Recreational Marijuana Containing Products:</b>		
Annual gross receipts from vaporizing devices including room vaporizers and vapor pens		
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 goods (e.g. Hemp clothing, non-THC containing hemp protein, non-THC containing hemp based lotions or oils, etc.)		
Annual gross receipts from sales of nutritional supplements		
Annual gross receipts from services (e.g. massage, acupuncture, etc.)		
<b>Total Revenues (All Products and Services):</b>		
Total number of patient contacts		
Total payroll		

3. What experience does the insured have in operating a marijuana business and/or running or managing a commercial business?  
Please describe:

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

**SECTION VII – LIABILITY COVERAGE (please complete all relevant sections as applicable)**

**A. DISPENSARY INFORMATION**

31. Are there any employed professionals (e.g., physicians or pharmacists)? If "Yes", do the employed professionals carry their own separate professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
32. How does the dispensary ensure compliance with state law (please check all that apply): <input type="checkbox"/> Checking photo ID and registration card of patient <input type="checkbox"/> Confirming physician's recommendation <input type="checkbox"/> Checking photo ID to verify consumer is over age 21 <input type="checkbox"/> Maintaining maximum amount of medical marijuana on premises <input type="checkbox"/> Other (describe):	
33. How much inventory is displayed to customers? <input type="checkbox"/> 0-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-25% <input type="checkbox"/> Greater than 25%	
34. Is any on-site consumption of marijuana or marijuana containing products permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does applicant offer delivery of marijuana products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:	
37. If the applicant distributes marijuana oils or concentrates with concentrations greater than 70% or dosages per serving greater than 50 mg, are these products only distributed to patients who have a physician recommendation for high dose product(s) or documented tolerances built up over time? If "No", please explain how the applicant controls access to these high dose / concentration products:	
38. If applicant distributes marijuana oils or concentrates manufactured by others, does applicant only obtain these products from manufacturers that utilize a closed-loop extraction system and non-volatile solvents in their extraction process? If "No", what type of extraction system and solvents are used by the insured's manufacturers / suppliers?	
39. Does applicant maintain a ledger with a record of the quantity of marijuana or marijuana containing product dispensed in each transaction, the type and source of the marijuana dispensed, the total amount paid by the customer for all goods and services provided, the date and time dispensed?	
40. Does applicant maintain separate records for medical and recreational marijuana products?	
41. Does applicant grow medical or recreational marijuana or are other cannabis plants on the premises?  If "Yes", please complete Section V – Growing Facility Information.	
42. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories?  If "Yes", please complete Section VI – Manufacturing & Processing Operations.	
43. Do any products, ingredients, or components originate from outside of the United States? If "Yes":	
a. Specify what products are imported and the country(ies) of origin:	
b. Are imported products and components tested for contamination and verification that they match what was ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage and AI status from all US based manufacturers or suppliers?	
45. For products that applicant does not produce, does applicant obtain certificates of analysis (COAs) evidencing that product testing was performed by the original manufacturer or by the insured's direct supplier?	

46. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products?  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.)
  - Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
  - Terpene profiles

If "No", how does applicant ensure product purity?

**B. GROWING FACILITY INFORMATION**

47. Does applicant grow any marijuana that is intended to be distributed for recreational purposes?  Yes  No  
 If "Yes", what percentage of revenue is derived from these operations? %
48. Does applicant maintain separate records for medical and recreational products?  Yes  No
49. Are marijuana cultivation areas located:  Indoors  Outdoors  Greenhouse  
 a. If outdoors, provide the approximate size of the growing area in acres:
50. If cultivation areas are located outdoors, are the cultivation areas surrounded by a fence?  Yes  No  
 If "Yes", please answer the following:
- a. Please describe fence (i.e. height, material used, electrified, etc.):
  - b. If electrified fencing, barbed wire, or razor wire is used, are there warning signs on the property?  Yes  No
  - c. Is fenced in area locked at all times:  Yes  No
  - d. Are there locked gates at all entrances to the property and/ or growing area:  Yes  No
51. If cultivation areas are located in a greenhouse, will the greenhouse be fully enclosed with locking doors?  Yes  No  
 If "No", please describe how the greenhouse will be secured to prevent unauthorized entry:
52. What is the maximum number of plants on the premises at any one time?
53. Are any marijuana containing products manufactured, mixed, labeled, or relabeled by the applicant including: marijuana infused baked goods or candies, infused oils or lotions, other food products, or smoking accessories?  Yes  No  
 If "Yes", please complete Section VI – Manufacturing & Processing Operations.
54. Does applicant use a 3<sup>RD</sup> party testing laboratory to test their marijuana and marijuana containing products?  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.)
  - Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
  - Terpene profiles
- If "No", how does applicant ensure product purity?
55. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory?  Yes  No

**C. Manufacturing & Processing Operations**

56. Please supply a complete list of products manufactured or processed by applicant

57. Are manufacturing and processing facilities located:  Indoors  Outdoors  
If outdoors, provide the approximate size of the processing area in acres:

58. 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

59. 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. What extraction or manufacturing method will the applicant utilize?  
  
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  
d. Are any of the products (e.g. oils, wax, shatter, hash, etc.) intended for use in vaporizing devices?  Yes  No  
If "Yes", which product(s)?  
  
e. What is the highest concentration (%) and dosage (mg) of active cannabinoids per serving contained in the applicant's strongest (i.e. highest dosage) product? Please provide product name, concentration (%), and dosage (mg) of active cannabinoids per serving:

60. Does the applicant actually produce the individual filled cartridges for vapor pens?  Yes  No  
If "Yes", please answer the following:  
a. Are the cartridges one size fits all or are they only compatible with a particular brand?  
i. If only compatible with a particular brand, which brand?  
b. Please supply a copy of the insured's label and packaging for the cartridges evidencing warnings and disclaimers.

61. Are all marijuana and marijuana containing products manufactured and distributed by the applicant sold in child proof packaging or containers?  Yes  No

62. Has applicant consulted with an attorney to determine that their labeling including: warnings, disclaimers, notification of contraindications, listing of ingredients, and similar meets all state and local requirements?  Yes  No  
If "No", please answer the following:  
a. Does labeling contain warning to keep product away from children and pets?  Yes  No  
b. Does labeling contain warning that the product contains intoxicating materials (i.e. marijuana) and that users should not drive or operate heavy machinery after consumption?  Yes  No  
c. Does labeling meet state standards (if any) for being packaged in a way that does not appeal to children?  Yes  No  
d. What steps has the applicant taken to ensure that packaging and labeling meets state and local requirements?

63. Do any products, ingredients, or components originate from outside of the United States?  Yes  No  
If "Yes":  
a. Specify what products are imported and the country(ies) of origin:  
  
b. Are imported products and components tested for contamination and verification that they match what was ordered?  Yes  No

64. For products that applicant does not produce or manufacture, does applicant obtain certificates of insurance (COIs) evidencing products coverage with limits of at least \$1M and AI status from all US based manufacturers or suppliers?  Yes  No



65. Does applicant use a 3<sup>RD</sup> party testing lab to test their marijuana and marijuana containing products?  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.)
- Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- Terpene profiles

If "No", how does applicant ensure product purity?

66. Is marijuana or any marijuana containing product ever released into the stream of commerce (i.e. to other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received back from the 3<sup>rd</sup> party testing laboratory?  Yes  No

67. Does applicant have a written product recall plan?  Yes  No

### SECTION VIII – ADDITIONAL INSURED

\_\_\_\_ Mark "X" if there are NO additional insureds needed at this time

**ADDITIONAL INSURED** (check one): \_\_\_\_ Landlord \_\_\_\_ Loss Payee \_\_\_\_ Governmental Agency \_\_\_\_ Other

\_\_\_\_ Waiver of Subrogation

\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_ / \_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

**ADDITIONAL INSURED** (check one): \_\_\_\_ Landlord \_\_\_\_ Loss Payee \_\_\_\_ Governmental Agency \_\_\_\_ Other

\_\_\_\_ Waiver of Subrogation

\_\_\_\_ Primary Wording with Non-Contributory Wording?

Location/Bldg #: \_\_\_\_ / \_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

**SECTION IX – 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: