

MARIHUANA SPECIAL EVENT

Agency:

Agent:

Submitted By:

Do you want a stand-alone policy Y  N

Add to an existing policy Y  Policy Number:

Insured Name:

Is the insured a: Host of event:  Participant in the Event

Name of the Event:

Location of Event:

Length of the Event (days)

Start Date: End Date:

Start Time: End Time:

Estimated number of attendees expected:

Number of participants:

What if anything is the insured handing out

Is consumption allowed at the event?

Entertainment:

Will your insured be supplying product?

Do you require an Attestation 4C?

If insured in hosting the event:

Describe security:

Describe protocols on product distribution:

Describe protocols on consumption control:

**\*\* If event is being hosted at insured location and being added to an existing policy – limits will/may be lowered during the event.**