



## Marijuana Liability Application

### General Information

Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing) *Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Address: \_\_\_\_\_  
(Physical) *Street Address* *Suite/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Entity Type:**    Individual    Partnership    Corporation    LLC    Other

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Underwriting Information

License Type: \_\_\_\_\_

Cannabis Sales: \_\_\_\_\_

Liability Limit\*: \_\_\_\_\_

\*\$50,000 minimum

Is applicant a member of the Michigan Cannabis Industry Association?    Yes    No

### Notes / Comments

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

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

**Insurance Application Agreement: This must be read and understood by the applicant before it is signed.**

I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Insurance Producer/Broker Agreement: This must be read and understood by the producer/broker before it is signed.**

1. I warrant that all of the information contained in this application was obtained from the above listed insured after I asked the insured for the information.
2. I understand that unsigned applications will be refused for binding and no coverage will be in force.
3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Conifer Insurance Company or White Pine Insurance Company

Producer/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_