



Company Name including dba \_\_\_\_\_

Client Contact \_\_\_\_\_ Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Business Type:  S-Corp  C-Corp  LLC  Other: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

FEIN: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Nature of Business:  Cultivator  Processor  Manufacturer  Cannabis Retail

Total Annual Revenue (Sales) \_\_\_\_\_

Total Estimated Payroll \_\_\_\_\_

Location address \_\_\_\_\_

Year Built \_\_\_\_\_ Occupied Sq. Ft. \_\_\_\_\_ Total Building Sq. Ft. \_\_\_\_\_

Construction Type: Frame Brick or Metal Sprinklered:  Yes  No

Burglar or Fire Alarm:  Yes  No If Yes, monitoring company \_\_\_\_\_

Building Coverage:  Yes  No If Yes, building coverage amount \_\_\_\_\_

Tenant Improvement coverage:  Yes  No If yes, coverage amount \_\_\_\_\_

Business Property:  Yes  No If yes, coverage amount \_\_\_\_\_

Cannabis Inventory:  Yes  No If yes, coverage amount \_\_\_\_\_

Grow Equipment & Tools:  Yes  No If yes, coverage amount \_\_\_\_\_

Business Income Coverage:  Yes  No If yes, coverage amount \_\_\_\_\_

Equipment Breakdown Coverage requested:  Yes  No

Would you like a quote for Product Liability as well?  Yes  No

Would you like a quote for Hired and Non-Owned Autos?  Yes  No

Would you like a quote for Excess Liability (Umbrella)?  Yes  No

Would you like a quote for Workers Compensation coverage?  Yes  No