



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