



Cannabis LBA Delivery Supplemental Application

General Information

Named Insured: _____

Website: _____ FEIN: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Age of Business: _____ Hours of Operation: _____

Description of Operations:

Operating as: Individual Partnership Corporation Other: _____

Total Revenue: _____ Operating Budget: _____

Qualification

If the answer to any of the following is "Yes," the risk is unacceptable*

- I. Are any vehicles above 15,000 lbs. Gross Vehicle Weight (GVW)? Yes No
- II. Are any vehicles above 8-passenger seating capacity? Yes No
- III. Does the insured have any 24-hour operations? Yes No
- IV. Are there any trailers, heavy trucks, or tractors? Yes No
- V. Do the insured's operations include commercial construction or sand and gravel? Yes No

*Please reach out to your underwriter if you have any questions about the above guidelines or a particular submission.

Please attach the following with this completed Supplemental:

- Signed Acord
- List of driver names & DOBs
- List of driver phone numbers
- MVR reports
- Currently valued loss runs
- List of VINs, make & model

Exposure Details

In order to provide the most accurate quote, we will need the items below:

Total Annual Miles: _____

States of Operation: _____

City	% of Operations	City	% of Operations

Vehicles

I. Are ALL company vehicles stored overnight in a central location? Yes No

II. Where? _____

III. Are any employees allowed to take company vehicles home? Yes No

IV. Do any employees use personal vehicles for business operations? Yes No

V. Are any vehicles hired or leased? Yes No

VI. If so, please describe:

VII. How often are vehicles replaced? Please list criteria for replacement:

VIII. Does the insured have any of the following?

Documentation of Repairs:

Yes No

Post-Trip Inspections:

Yes No

Pre-Trip Inspections:

Yes No

Periodic In-Depth Inspections:

Yes No

Drivers

I. Number of

Full time drivers: _____

Back-up drivers: _____

Part time drivers: _____

Contracted drivers: _____

II. Average Annual Driver Turnover: _____%

III. Does the insured have a driver incentive program? Yes No

IV. Please mark driver hiring requirements:

- MVR Reports
- Drug check
- Driving test
- Other:
- Criminal background check
- Minimum age: _____
- Minimum years licensed: _____

V. How often does the insured order and review MVRs for drivers?

VI. What criteria is used for MVR acceptability?

Risk Management & Claims Reporting

I. Name and title of the person responsible for risk management & claims reporting:

II. Does the insured hold regular safety meetings? Yes No

III. How often are they held? _____

IV. Is attendance mandatory? Yes No

Premium History

Period Term	Insurance Company	Auto Liability Premium	Physical Damage Premium
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

Cannabis Delivery Operations

I. How does the insured take payment? (cash, customer facing application, website, etc.)

II. Is cash allowed in the vehicle? Yes No

III. Do hours comply with local cannabis delivery operations? Yes No

IV. Are there any armed drivers? Yes No

V. Do drivers complete any program like Training for Intervention ProcedureS which establishes things to check for when delivering to the customer (underaged, intoxicated, etc.)? Please list any procedures:

VI. Is there currently coverage in place for inventory being transported? Yes No