



**MMJ Insurance Program - Quotation Request Form**

**FAX BACK TO: (800) 920-4107**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Employer FEIN # / or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Corporation  Partnership  Sole Proprietorship  \_\_\_\_\_

Description Of Operations (Dispensary, Growing Facility, Bakery and/or 'Medibles', etc.) \_\_\_\_\_

# Years In Business \_\_\_\_\_ # Years Experience \_\_\_\_\_

Location # \_\_\_\_\_ Address: \_\_\_\_\_

If building is over 30 years old, please indicate the year of each update:

Electrical \_\_\_\_\_ Roofing \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Security \_\_\_\_\_

Construction \_\_\_\_\_ Year Built \_\_\_\_\_ Number of Stories \_\_\_\_\_

Total Square Footage of Building \_\_\_\_\_ # Square Feet You Occupy \_\_\_\_\_

Any other occupants in your building? \_\_\_\_\_

- |             |  |   |
|-------------|--|---|
| Building is | <input type="checkbox"/> Sprinklered   | <input type="checkbox"/> Non-Sprinklered                            |
| Building    | <input type="checkbox"/> has central station fire alarm  | <input type="checkbox"/> does <u>not</u> have central station fire  |
| Security    | <input type="checkbox"/> have a central station burglar alarm                                  | <input type="checkbox"/> do <u>not</u> have a central station alarm |
|             | <input type="checkbox"/> we have Interior Motion detectors                                     | <input type="checkbox"/> we have Gated Doors / Metal Doors          |
|             | <input type="checkbox"/> we have Gated Windows   | <input type="checkbox"/> we have Exterior / Interior camera system  |
|             | <input type="checkbox"/> we have an Intercom system  | <input type="checkbox"/> we have a Hold-Up / Panic button           |
|             | <input type="checkbox"/> we have a Security Vestibule / Man-Trap                               | <input type="checkbox"/> we have Internal Camera Focused on Safe    |
|             | <input type="checkbox"/> we have ID Checkers / Greeters  | <input type="checkbox"/> we have Security Guards / Bouncers         |
|             | <i>(Please attach copies of Alarm Certificate and Fire Alarm Certificate with application)</i> |   |
| Safe        | <input type="checkbox"/> is over ½ ton with a TL-15+ rating                                    | <input type="checkbox"/> is bolted to the floor                     |
| Parking lot | <input type="checkbox"/> is maintained by insured  | <input type="checkbox"/> is <u>not</u> maintained by insured        |
| Delivery    | <input type="checkbox"/> we make deliveries off premises                                       | <input type="checkbox"/> we do <u>not</u> deliver off premises      |

*(Please NOTE that there is NO coverage for off premises operations)*



# GASLAMP INSURANCE



Any losses in the past three years  Yes (Please provide details)  No

---

---

Are you with 1000 feet of a fire hydrant and 5 miles from a fire station?  Yes  No

### Current & Previous Insurers

Year	Company	Policy #	Premium	# Claims	Pd Losses	Res Losses

### Coverage Requested:

<u>TYPE OF COVERAGE</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
Building	\$ _____	\$ _____
Business Personal Property	\$ _____	\$ _____
Stock/Inventory Coverage	\$ _____	\$ _____
Business Income w/ Extra Expense	\$ _____	\$ _____
Computer Hardware	\$ _____	\$ _____
Computer Software	\$ _____	\$ _____
General Liability	\$ _____ Per Occurrence	
	\$ _____ Aggregate	

### Other Insurance desired:

- Professional Liability Coverage Desired
- Employee Benefit Liability
- Commercial Auto (# of vehicles \_\_\_\_\_ )
- Workers' Compensation
- Commercial Umbrella

Estimated Annual Gross Receipts \$ \_\_\_\_\_

Estimated Annual Gross Payroll \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Title