



BUSINESS OWNERS POLICY APPLICATION

submissions@apicannabis.com • (800) 860-8330, ext. 135 • www.apicannabis.com

Effective Date:

Business Name (Legal):

DBA:

Insured's Name:

Date of Birth:

Type of Business Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual/Sole Proprietor

If LLC, Number of Managers, LLC Members and Executive Officers:

If Corporation, Number of Executive Officers:

Business Address:

City:

State & Zip:

Mailing Address:

City:

State & Zip:

Website:

Phone:

Email:

Business Description:

Year Business Started:

FED Tax ID:

Days/Hours of Operation:

Number of Employees:

Expected Annual Sales:

Year Building Constructed:

Building Owner or Tenant:

Building Limit (Owners Only) Amount:

Tenants Improvements & Betterments Amount: (Tenant installed floors, attached mirrors, etc.)

Business Property Coverage Amount:

Finished Stock Amount:

Manufacturing Equipment Amount:

Growing Equipment Amount:

Crop Amount:

General Liability Limit: ☐ \$1M/2M ☐ \$2M/4M

Building Sprinklered: ☐ Yes ☐ No

Type of Construction: ☐ Brick ☐ Frame

Building Video Surveillance: ☐ Yes ☐ No

Building Alarm: ☐ Yes ☐ No

Security System - Other:

Responsible for Parking: ☐ Yes ☐ No

Number of Stories:

If Multiple, Story the Business on:

Total Sq. Ft. of Business:

Total Sq. Ft. of Building:

Year Updates Were Completed:

Plumbing:

Heating:

Electrical:

Roof:

Type:

**For multiple locations, please list separately each address, square footage and requested personal property for each location.*

Prior Insurance Experience: ☐ Yes ☐ No

Current Policy Expiration Date:

Current Insurance Company:

Current Premium:

Claims History: ☐ Yes ☐ No

If yes, please explain:

Please email a copy of current policy and any insurance requirements for review.

If you need to add an Additional Insured, please list below:

Name of Additional Insured:

Relationship to Additional Insured:

Street Address:

City:

State & Zip:

Mark if Required by Additional Insured.

☐ Waiver of Subrogation

☐ Primary and Non-Contributory

Additional Insurance:

Please mark the following for which you would like a quote:

☐ Workers Compensation Insurance

☐ Umbrella/Excess Liability Insurance

☐ Employees Practices Liability Insurance (EPLI)

☐ Directors & Officers Insurance (D&O)

☐ Cyber Liability Insurance

☐ Commercial Auto Insurance

Please email the application to submissions@apicannabis.com