



ALLIED MEDICAL - MEDICAL MARIJUANA DISPENSARIES SUPPLEMENTAL APPLICATION

SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

I. APPLICANT INFORMATION

1. Applicant Name: _____
2. Mailing Address: _____
3. City, State, Zip: _____
4. County: _____ 5. Telephone Number: _____

II. OPERATIONS

1. Fully describe your operations. Attach copy of brochure if available. Attach separate sheet(s) if additional space is needed.

2. Indicate:	Last 12 Months	Projected Next 12 Months
Annual gross receipts:		
Annual gross receipts from marijuana sales:		
Total number of patient contacts:		
Total payroll:		

3. Is on-site consumption of marijuana permitted? Yes No
4. a. Are there any physicians on staff? Yes No
b. If Yes, do the physicians carry separate professional liability insurance? Yes No
5. How does the dispensary ensure compliance with state law?
 Checking photo ID and registration card of patient Confirming physician's recommendation
 Maintaining maximum amount of marijuana on premises Other (describe): _____

6. Indicate:	Current	Projected Next 12 Months
Number of patients:		

7. a. Indicate maximum amount of usable marijuana on premises at any one time: _____
b. Indicate maximum number of plants on premises any one time: _____
8. How does the dispensary get their medicine?
Caregivers: _____ % Vendors/Wholesalers: _____ % Grow themselves: _____ %
9. How much of the inventory is displayed and how is it displayed? _____

10. Describe Owner's experience and/or provide a copy of resume: _____

11. Indicate days/hours of operation: _____
12. Are all employees provided training on security procedures and closing? Yes No

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13. a. Does the dispensary maintain a ledger with a record of the quantity of medical marijuana dispensed in each transaction; the type and source of the medical marijuana dispensed; the total amount paid by the patient for all goods and services provided; the date and time dispensed: Yes No

b. If No, what types of records and are kept and how? _____

14. Indicate which security measures are in place:

- | | | |
|---|---|--|
| <input type="checkbox"/> Guard - Armed | <input type="checkbox"/> Guard - Unarmed | <input type="checkbox"/> Door Checker/Greeter |
| <input type="checkbox"/> Video Cameras – Interior | <input type="checkbox"/> Video Cameras – Exterior | <input type="checkbox"/> Exterior Lighting |
| <input type="checkbox"/> Central Station Alarm | <input type="checkbox"/> Hold-Up/Panic Button | |
| <input type="checkbox"/> Gated Doors | <input type="checkbox"/> Gated Windows | <input type="checkbox"/> Safe <input type="checkbox"/> Vault |

15. a. If guards and/or greeters are used are they employees? Yes No

b. If No, do they carry insurance and name Applicant as an additional insured? Yes No

16. a. Are all security measures fully operational during non-business hours? Yes No

b. If No, which ones are not? _____

17. a. Are any other products sold? Yes No

b. If Yes, please describe: _____

18. a. Are any products manufactured, mixed, labeled or relabeled by the Applicant? Yes No

b. If Yes, please describe: _____

19. a. Does the Applicant offer any delivery of marijuana products? Yes No

b. If Yes, please describe: _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Authorized Signature on behalf of Applicant Sub-Producer

Title/Date Producer

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO ISSUE THIS INSURANCE. Application MUST be currently signed, completed and dated to be considered for quotation.