

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:		nber:			
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 prof	fessional 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 o	on premises	cribe):			
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 pren					
8.	How does the dispensary get their medicine?					
Caregivers: % Vendors/Wholesalers: % Grow themselves:						
9.	Caregivers: % Vendors/Wholesalers: % Grow themselves: % 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:					
	Are all employees provided training on security		☐ Yes ☐ No			

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13.	a.	Does the dispensary maintain a ledger with a record marijuana dispensed in each transaction; the type at dispensed; the total amount paid by the patient for a date and time dispensed:	nd source of the medical marijuana	☐ Yes ☐ No		
	b.	If No, what types of records and are kept and how?				
14.	4. Indicate which security measures are in place:					
		Guard - Armed Video Cameras – Interior Central Station Alarm Gated Doors Guard - Unarmed Video Cameras – Exte Hold-Up/Panic Button	_			
15.		If guards and/or greeters are used are they employe		☐ Yes ☐ No		
	b.	If No, do they carry insurance and name Applicant a	as an additional insured?	☐ Yes ☐ No		
16.	a.	Are all security measures fully operational during no	n-business hours?	☐ Yes ☐ No		
	b.	If No, which ones are not?				
17.		Are any other products sold?		☐ Yes ☐ No		
	b.	If Yes, please describe:				
18.		Are any products manufactured, mixed, labeled or relatives, please describe:	• • • • • • • • • • • • • • • • • • • •	☐ Yes ☐ No		
19.		Does the Applicant offer any delivery of marijuana p		☐ Yes ☐ No		
* 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						
DE	CLA	ARATION 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						