



CANNABIS ASSETS PROPOSAL FORM

MEDICINAL



IMPORTANT: This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

PLEASE NOTE THAT THE STATEMENTS "NOT APPLICABLE" & "N/A" ARE NOT ACCEPTABLE. ALL QUESTIONS MUST BE COMPLETED AND FULL ANSWERS PROVIDED.

Name of Broker: _____

Tel: (____)_____ Fax: (____)_____ e-mail: _____

Name of Insured : _____

Risk Address : _____

Postal Address : _____

Tel: (____)_____ Fax: (____)_____ e-mail: _____

Company Registration: _____ VAT Number: _____

Have you previously traded under a different name: ☐ Yes ☐ No

(If "yes", specify trading name(s)): _____

Cannabis License No: _____ Issuing Country: _____

Do you currently have Insurance cover? ☐ Yes ☐ No

Current Insurer	Policy Number	Type of Cover
-----------------	---------------	---------------

_____	_____	_____
_____	_____	_____

Please confirm any previous losses / claims

Date of loss	Amount of loss	Details of incident
_____ R _____	_____	_____
_____ R _____	_____	_____
_____ R _____	_____	_____



SECTION 1: BUILDINGS

Please select which cover option is required:

- ☐ Restricted Cover (*Fire and Special Perils*)
- ☐ Standard Cover (*Includes Restricted Cover, Theft, Malicious Damage, Greenhouse – escape of water or nutrients*)
- ☐ Extended Cover (*Includes Restricted & Standard Cover, Impact Damage, Accidental Pollution, Machinery Breakdown, Additional Greenhouse cover*)

General Premises Information:

- Is the premises in a built-up area? ☐ Yes ☐ No
- New building developments nearby? ☐ Yes ☐ No
- Is the premises next to a vacant piece of land? ☐ Yes ☐ No
- Is there an Electric Fence installed at the premises? ☐ Yes ☐ No

If not, provide details of perimeter protections in place;

- _____
- Is there controlled access? ☐ Yes ☐ No
- Are fire breaks maintained? ☐ Yes ☐ No
- Is there a linked Alarm installed at the premises? ☐ Yes ☐ No

Is the premises on a Farm, Plot or Small Holding? (details)

- _____
- Is the power supply from grid? ☐ Yes ☐ No
- Detail back-up power supply; _____
- Is fuel stored at the premises? ☐ Yes ☐ No

If yes, please provide details below:

Diesel Storage	Monthly Volume	L	Frequency of Delivery	Days
LP Gas	Monthly Volume	L	Frequency of Delivery	Days

What fire protections are in place? (details)

General Building Information:

Please provide information for the general farm buildings below: (Office, Sheds, Staff ablution, guardhouse etc)

Description	Walls (Construction)	Floors	Roof (Type)	Area (m2)	Replacement Value

Do you have any Shade Net structures:

☐

Yes

☐

No

Please confirm the installation date and whether there is a manufacturers guarantee:

Growrooms or Greenhouse Information

Please provide information for the growrooms or greenhouses:

Description	Number 1	Number 2	Number 3	Number 4
Replacement Value				
Wall (Construction)				
Floors				
Roof (Type)				
Longevity of Plastic Cladding				
Years of construction				
Heating				
Free Standing				
Value of Crop				
Number of grow cycles				
Number of grow cycles requiring cover				
Restricted Access Areas: <ul style="list-style-type: none"> • Biometrics (Y/N) • Security & Sanitation • Flowering Unit 1 • Flowering Unit 2 • Flowering Unit 3 • Flowering Unit 4 If contained within the individual greenhouse: <ul style="list-style-type: none"> • Trimming Unit • Drying Unit • Packaging • Size of Vault (m2) 				

If you have a centralized Cloning, Trimming, Drying, Packing and Vault, please complete the section below:

Description	Seedling Room	Cloning Room	Cutting & Trimming	Drying Room	Packing Room	Vault Room
Replacement Value						
Wall (Construction)						
Floors						
Roof (Type)						
Free Standing						
Restricted Access Areas: <ul style="list-style-type: none"> • Biometrics (Y/N) • Security & Sanitation 						

Please supply a copy of the manufacturers design / site layout of the grow facilities.

☐ Yes

☐ No

Are you a GMP compliant Facility?

☐ Yes

☐ No

Do you have tenants?

☐ Yes

☐ No

Provide details of tenants:

SECTION 2: INVENTORY

Please select which cover option is required:

- ☐ Restricted Cover (*Fire and Special Perils, Damage to covering materials*)
- ☐ Standard Cover (*Includes Restricted Cover, Theft (excluding Stock and Mother Plants), Malicious Damage, Greenhouse – escape of water or nutrients*)
- ☐ Extended Cover (*Includes Restricted & Standard Cover, Theft of Stock or Mother Plants, Impact Damage, Accidental Pollution, Inventory spoilage, Machinery Breakdown, Additional Greenhouse cover, Intensively farmed Medical Cannabis, Mother Plants, Climate cover for indoor crop. Water and nutrition cover*)
- ☐ Intensively Farmed Medical Cannabis stand alone cover (*please note this is once off cover for when the plants are in the flowering stage only and needs to be supported by Buildings cover*)



Please provide a process flow diagram, if this not available, please detail the process from vegetation to packing:

Please provide a copy of the growing program, if this is not available, please detail the number of crop / growing cycles:

Stock is classified as the following items: Mother Plants, Indoor crops, Flowering crop, Outdoor crop and Stock (in curing and ready for shipping)

Stock Item	Quantity	Value

Electronic Equipment is classified as the following items: Computers and computer accessories, Servers, Printers, Telephone systems and Uninterrupted Power Supply etc

Electronic Equipment	Quantity	Replacement Value	Serial Number



Business All Risks is classified as the following items: Alarm systems, Sprinkler systems, Air Conditioners, CCTV, Biometrics, Tools, Gate Motors, Spare parts, drones, borehole pumps, transformers, portable generators and compressors. etc. Including Laptops, cellphones and camera equipment.

Business All Risk Items	Quantity	Replacement Value	Serial Number	Mechanical Breakdown?

Plant and Machinery is classified as the following items: Generator, CHP System, Fertigation System, Water Storage, Dehumidifiers, Diesel Storage, Water Storage, Farming Equipment, Auxillary products etc.

Plant and Machinery Items	Quantity	Replacement Value	Serial Number	Mechanical Breakdown?



Should you require more space for the detailing of your inventory, please refer to the last page of this proposal form.

SECTION 3: MACHINERY BREAKDOWN

Energy Items:

Item	KVA	Diesel Tank (L)	Value
Generator		L	R
Sub-Station on site		N/A	R
Service Agreement	Yes / No	Replacement Downtime	Hours

Description	Generation Capacity	Year Installed	Replacement Value
Solar			
Wind			
Biofuel			

Power Storage	Storage Capacity	Year Installed	Replacement Value
Batteries			
Capacitors			
Other			

IMPORTANT:

Please note that the quote and cover to be provided will be subject to the Insured having the appropriate license, and adherence to legislation regarding the growing and distribution of Cannabis.

DECLARATION OF PROPOSER:

I hereby declare that all statements made herein are true and correct and that there are not other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal. I am also not aware of any claims against me other than those mentioned above.

☐

Where necessary and to the extent required I hereby provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and special personal information in compliance with its obligations in law or contract.

Print Name: **Signature:**

Designation:..... **Date:**



FURTHER INVENTORY

[illegible]

Email your completed proposal form to pierre.du.preez@aon.co.za or neil.sanford@aon.co.za