

Hemp Addendum

For Environmental Premises Liability



environmental

THIS ADDENDUM IS PART OF THE APPLICATION SUBMITTED BY THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN THE APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS ADDENDUM.

Please complete the application in its entirety.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage. This application must be signed and dated by an authorized representative of your company. Please include the following items with this application:

- ☐ Completed, signed and dated copy of the Intact Insurance Environmental Premises Liability Application, Storage Tank Addendum (if storage tanks are present at any location) and Chemical Use, Treatment and Disposal Practices Addendum
- ☐ Copy of USDA Hemp Program and/or USDA-approved State Hemp Program license.

Insured Name:

Are all locations where hemp is grown or processed listed in *Section IV – Covered Location(s) Information* on the Intact Insurance Application for Environmental Premises Liability?

☐ Yes ☐ No If **no**, please provide the complete address of all locations and the operations at those locations:

Are you licensed by the USDA Hemp Program or a USDA-approved State Hemp Program? ☐ Yes ☐ No

Does the hemp at any location qualify has hemp under the 2018 Farm Bill? ☐ Yes ☐ No

What steps are taken by the source producer to ensure the hemp THC content is 0.3% or less?

Does the applicant know of any fact, circumstance, situation, transaction, event, act, error or omission which may reasonably be expected to result in a claim or claims being made against you or any other person or entity for whom coverage is being sought for damage or injury arising from the release of hazardous or non-hazardous substances into the environment?

☐ Yes ☐ No If **yes**, please explain:

Is the applicant aware of any historical or present contamination on the insured locations or emanating from the insured location(s) or any fact, circumstance, situation, transaction, event, act, error or omission which may reasonably result in a claim?

☐ Yes ☐ No If **yes**, please explain:

The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the information and statements in this addendum, including any attachment(s), are true and complete. The undersigned further understands that this addendum and any attachment(s) are part of the application submitted by the applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Date

Signature

Print Name

Title