

## TPCI Supplemental - Wholesale

Insured Name:			Years of industry experience: Full time e			employees:							
Part time employees:						es:							
Security/Surveillance at Premises (check al		For contracted security			y services: Does the security								
Video Surveillance Security	yolq				applicant as additional insured in								
No Security or	Armed			their GL and	Security	Guard E&	O policy	?					
Surveillance	Unarmed					Yes	No	. Г	N/A	A			
Any production, processing, sale, distribution or use of marijuana/cannabinoid products/substances?										No			
Has any product ever been recalled?			· ·	<u> </u>				Yes		No			
Provide details (date of recall, # of product	s recalled.									ı			
voluntary, mandatory, name of ordering agency, etc):													
, ,	, ,, ,												
Liability Information													
Check here if there are no liquor sales	(if checked, th	his se	ection may be skipped)										
Liquor Sales			Does the applicant requi	ire all alcoho	ol servers t	:0							
(at each location):			receive a formal Alcohol	Training Co	urse?	Ye	S	N	lo				
When (latest hour, if varies) does		AM	Does the applicant have	drinking gar	nes or								
the sale or serving of alcohol stop?		PM	offers of unlimited alcoh	olic beverag	ges?	Ye	S	N	lo				
Check here if there is no vacant land (	if checked, thi	s sec	tion may be skipped)										
# of Acres:	land being use	ed as	s hunting preserves or du	ide ranches?	)		Yes		No				
Explain any plans for development of													
vacant land in the next two years:													
Does the risk sell used, reconditioned, or re	ecycled produc	cts?		Y	es	No							
Provide detail (for each - product detail,					1								
projected revenue, one year past annual													
revenue, # of years applicant has been sell	ing):												
Is there any manufacturing, assembly, rela	beling, repack	agin	g or mixing work?	Υ	es	No							
Provide detail (projected revenue, one yea	r												
past annual revenue, # of years applicant													
has been doing this type of work):													
Is there any lease/rental, installation, repa	ir or service w	ork b	peing done by the applica	nnt?	es	No							
Provide detail (projected revenue, one yea	ır												
past annual revenue, # of years applicant													
has been doing this type of work):													
Are there any products sold under insured	's own brand c	or lat	oel?	Υ	es	No							
Provide detail (for each - product detail,													
projected revenue, past year revenue,													
# of years applicant has been selling):													
Does the applicant directly import any pro	ducts?			Υ	'es	No							
Provide detail (for each - product detail,													
projected revenue, past year revenue,													
# of years applicant has been importing):													
Does the general public have access to			what is the revenue from										
your premises to buy products?	No dire	ect s	ales to general public?	\$									
Does the applicant receive a certificate of insurance from the manufacturer?								Yes		No			
Is the applicant named as an additional insured by the manufacturer?								Yes		No			

Property Information										
Is there in-rack sprinkler system covering all stock shelves?		Yes	No							
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APF	PLICANT AND REF	PRESENTS THAT	reasonable in	QUIRY HAS BEE	N MADE TO					
OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE										
TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: ANY PERSON WHO										
KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE										
PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.										
Producer's Signature:	Producer's Nam	's Name (Please Print):								
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Applicant's Signature:		Date:	Nationa	al Producer Nur	nber:					
Applicant's Name (Please Print):										

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