

**ATTESTATION 5-D**  
**CONFIRMATION OF INSURANCE**

(To be signed by the agent or designee of the insurance or surety company and submitted by the applicant)

Do not sign until notary is present

**PART A (to be completed by the applicant):**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

understand that I am submitting this attestation in accordance with the Administrative Rules.

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Establishment Name/Insured Party Name

\_\_\_\_\_  
 Establishment Address/Insured Party Address

**PART B (to be completed by an authorized representative or designee of the insurance or surety company):**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name of Representative/Designee Name of Insurance or Surety Company Authorized to do Business in this State

hereby attest to the Cannabis Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Administrative Rules.

I further attest that:

The policy number for the above-referenced insurance policy is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. The declaration page of the above-referenced policy is attached hereto.

The bond number for the above-referenced constant value bond is \_\_\_\_\_, with an effective date of \_\_\_\_\_, and expiration date of \_\_\_\_\_. A copy of the bond is attached hereto.

The policy or surety bond listed above covers the following locations (list all locations covered by the policy or bond):

\_\_\_\_\_

\_\_\_\_\_  
 Representative or Designee Signature Company Address

\_\_\_\_\_  
 Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Representative/Designee Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature) (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_.  
(county) (state)

My commission expires: \_\_\_\_\_.