

ATTESTATION R-C
CONFIRMATION OF INSURANCE

(To be completed by an authorized representative/designee of the insurance/surety company, and submitted by the renewal applicant)
 Do not sign until notary is present

Adult-Use Establishment Name: _____
 Adult-Use Establishment Address: _____
 Adult-Use Establishment Type: _____

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, 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: _____.