

**ATTESTATION J - RENEWAL**  
**CONFIRMATION OF SECTION 408 COMPLIANCE**

(To be completed by the licensee and an officer of the licensed or licensed captive insurance company in this state, and submitted by the licensee)  
 Do not sign until notary is present

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

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Legal Name of Renewal Applicant Name & Title of Individual Authorized to Sign on Behalf of Renewal Applicant  
 understand that I am submitting this attestation in accordance with Section 408 of the MMFLA and the Administrative Rules.

\_\_\_\_\_  
 Licensee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Facility Name/Insured Party Name

\_\_\_\_\_  
 Facility Address/Insured Party Address

**PART B (to be completed by an officer of the licensed or licensed captive insurance company in this state):**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Name of Officer of Licensed or Licensed Captive Insurance Company Name of Licensed or Licensed Captive Insurance Company in this State  
 hereby attest to the Cannabis Regulatory Agency (Agency) that the licensee for renewal for a state operating 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 for each license 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 MCL 333.27408 or any corresponding sub-rule.

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 policy does not include a condition, provision, stipulation, or limitation contained in the policy, or any other enforcement that relieves the insurer from liability for the payment of any claim for which the insured may be held liable under the MMFLA.
- The policy covers bodily injuries to a qualifying patient, including those caused by the intentional conduct of the licensee or its employee or agent. However, the policy would not have to cover bodily injuries to qualifying patients caused by the licensee or its employee or agent when acting with intent to harm.

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

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Officer of Licensed or Licensed Captive Insurance Company

\_\_\_\_\_  
 Address of Licensed or Licensed Captive Insurance Company

\_\_\_\_\_  
 Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Officer Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature)

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

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

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