CANNABIS REGULATORY AGENCY

Medical Facilities Licensing | Licensing Division
P.O. Box 30205, Lansing, MI 48909
Telephone: 517-284-8599
CRA-MMFLRenewals@Michigan.gov

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: _____.