

ATTESTATION 2-D
CONFIRMATION OF INSURANCE

(To be completed by the applicant and an authorized representative 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: _____.