

Medical Facilities Licensing Marijuana Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599 MRA-Applications@Michigan.gov

## <u>ATTESTATION J</u> <u>CONFIRMATION OF SECTION 408 COMPLIANCE</u>

(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				
On behalf of	634 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(C 1: 11)	, I	horized to Sign on Behalf of Main Applicant
understand that I am submitti				
Applicant Signature				Date
Facility Name/Insured Party Name	2			
Facility Address/Insured Party Ad	dress			
PART B (to be completed	by an authorized	representative or d	lesignee of the insurance	or surety company):
I,		, of		ny Authorized to do Business in this State
adulterated marijuana or adu	Iterated marijuana-in ity coverage issued	nfused products in an	amount not less than \$100,00	ibution, transportation, or sale on 00.00 and that no products liability let the coverage mandated in MCI
The policy number	er for the above-ref	erenced insurance po	olicy is	, with an effective date of
				ced policy is attached hereto.
				, with an effective date or
, and expira	tion date of	A copy of the	bond is attached hereto.	
The policy or surety bond list	ed above covers the	following locations (	list all locations covered by	the policy or bond):
Representative or Designee Signatu	nre	Company Address		
Date				
Subscribed and sworn to by		entative/Designee Name)	before me o	n
	(Repres	emanve/Designee Name)		(Date)
(Notary Public Signature)			(Notary Public Printed Name)	
State of	, County of		Acting in the county of	
				(county) (state)
My commission expires:				

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