

# Marijuana Acknowledgement Form

By signing below, I am aware of the risks associated with the growth, distribution and/or possession of marijuana as it relates to the [Specify Coverages] insurance coverage(s) [Placed or Quoted] by \_\_\_\_\_ Insurance Agency. The agency has let me know the importance of reading the policy form in its entirety and acknowledge all its coverage terms and conditions.

I am also aware that while the marijuana industry may be legal for recreational or medical consumption in [State], it remains illegal under federal law. The conflict between state and federal law have caused court rulings to occur both for and against in-force insurance policies for those businesses involved in the marijuana industry. As a result, this makes the ultimate performance of obligations by the insurer in the insurance contract more uncertain and coverage may not be available in the event of a claim.

At your request, your coverage has been [Placed or Quoted] with (Name of Company). This company is a surplus lines insurer in [State]. I am aware that (Name of Company) is not licensed to do business in [State] and as a result the rates charged, policy terms and conditions have not been reviewed by state. The (name of agency) \_\_\_\_\_ has checked A.M. Best an independent financial rating service and (name of company) is rated XXX. In the event the company-becomes insolvent, and a claim occurs, recovery may not be available through the [State] guaranty fund.

Named Insured: \_\_\_\_\_

Signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Insurance Coverage(s): \_\_\_\_\_

Effective Date(s): \_\_\_\_\_