



Wellness Medical Protection Group

Insurance Questionnaire

canna | PROTECT

Complete legal name and D/B/A of Applicant: _____

Principal Business Address: _____

Additional Locations: _____

Years in Operation: _____ Phone: _____ Email: _____

If Liability Coverage is currently in force, please specify:

Carrier: _____ Limit: _____ Retroactive Date: (mm/dd/yyyy) _____

Questionnaire

AGRIMEDICINE

	Yes	No
Are you interested in receiving information regarding our exclusive Agrimedicine property insurance policies? (Coverage plans are available for medical & recreational cannabis facilities including dispensaries, processing plantations, and growing operations.)		
Are you interested in receiving information regarding our exclusive Agrimedicine product insurance policies? (Coverage plans are available for crops, cured product, and "infused" products.)		
Are you interested in receiving information regarding our exclusive Professional Liability Insurance policies as it pertains to Agrimedicine? (Coverage plans are available for prescribing physicians, administrative medical directors, landlords, and non-physician staff.)		
Would you like us to perform a comprehensive review of your existing insurance liability programs to be performed by a licensed insurance agent at no cost to you?		
Are you interested in receiving detailed information on our exclusive "Canna Protect" risk management Security Design Plan, Security Design Implementation, Mock Inspection and Regulatory Compliance Package?		

Are there any other insurance or financial planning products we can help or guide your growing practice with?

Name of Requester _____

Date: (mm/dd/yyyy) _____

Best Method of Contact _____
(Please provide an email address or telephone number)

Submit

