# 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.

Please be aware that if for any reason [CARRIER] is unable or unwilling to meet its obligations due to the nature of the marijuana industry, the statutory-based conflicts, or for any other reason, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Agency will not be responsible in any way for such failure by [CARRIER].  You will not be able to seek relief from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Agency for [CARRIER]’s failure to meet its present or future obligations.

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

Signature of Named Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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