

**FORM M: Surety Verification of Applicant Qualification for
Integrated Facility Performance Bond**

Section A – Applicant Information (to be completed by Applicant)

Integrated Facility Applicant

Contact Person

Applicant Address

City

State

Zip

Phone

Email

Section B – Surety Information (to be completed by Surety)

Surety Company

Surety's Authorized Representative

Title

Surety Address

City

State

Zip

Phone

Email

Section C – Surety Verification (to be completed by Surety)

The Surety identified in Section B, by and through its authorized representative, hereby verifies the following statements, as indicated by the initials of the authorized representative.

_____ The Applicant has requested that the Surety provide a professional opinion as to the Applicant's qualifications for the Integrated Facility Performance Bond required by the Alabama Medical Cannabis Commission.

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Integrated Facility Performance Bond – Page 2**

_____ The Surety has reviewed and understands all obligations required by the Integrated Facility Performance Bond (Alabama Medical Cannabis Commission FORM F).

_____ The Surety has considered all available business information pertinent to the Surety's underwriting requirements regarding the Applicant, in the context of the Integrated Facility Performance Bond, and the Surety hereby confirms the Applicant possesses the requisite qualifications such that Applicant currently qualifies for the Integrated Facility Performance Bond required by the Alabama Medical Cannabis Commission.

_____ The Surety, in the event that the Applicant is awarded an Integrated Facility license by the Alabama Medical Cannabis Commission, will be prepared to execute the Integrated Facility Performance Bond, in the amount of \$2,000,000, contingent upon execution of bond agreements, delivery of collateral security, payment of premium and fees, and Applicant's satisfaction of the Surety's underwriting considerations at the time of the Bond request.

_____ The Surety acknowledges and understands that the Integrated Facility Performance Bond must be fully executed and filed with the Alabama Medical Cannabis Commission on or before the date set by the Commission for issuance of any Integrated Facility license awarded to the Applicant.

_____ The Surety's consideration and issuance of bonds is a matter solely between the Surety and the Applicant, and the Surety assumes no liability to third parties, including the Alabama Medical Cannabis Commission, by executing this Surety Verification of Applicant Qualifications for Integrated Facility Performance Bond.

_____ The Surety possesses, at a minimum, an A- rating and verified proof of such rating is attached hereto.

Signature of Surety's Authorized Representative

Date

Sworn to and subscribed before _____, a Notary Public,
by _____ on this _____ day of
_____, 20_____.

Signature of Notary

My Commission Expires

(Note to Surety: Attach Power of Attorney or other documents as necessary)