

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## Lighting Supplemental Application

This is a supplemental application. Coverage is subject to a fully executed Cannabis Application. Please answer all questions.

APPLICANT INFOR	MATION							
Applicant Name:								
Street Address:								
Mailing Address:	Cit	y:	State:	Zip:				
Phone:	Email:							
Website Address:								
	For purposes of this application, th	e following acronyms a	are used:					
	HID = High Intensity Discharge	<b>LED</b> = Light-Em	itting Diode					
	MH = Metal Halide/Ceramic Metal Halide	HPS= High Press	sure Sodium					
TYPE(S) OF LIGHTI	NG							
. Type(s) of lighting used in your cultivation facility:								
BALLAST INFORMATION								
2. Name of ballast m	anufacturer(s):							
3. Ballast model nam	ne(s)/number(s):							

		Model Name	Model Number			
4. Type of ballast(s) used in your operation: 🔲 Magnetic 🔛 Digital/Electronic 🔛 Other						
	If "Other," please describe:					
5.	If you are using a Digital/Electroni	c ballast, what type of bulb i	s it designed for? 🗌 MH	HPS 🗌 MH&HPS 🗌 Other		
If "Other," please describe the type of bulb:						
6.	Have you modified the ballasts be	yond manufacturer specification	ations?	Yes 🗌 No		

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If "Yes," please describe any modifications:

### LIGHT INFORMATION

7. Name of light bulb manufacturer(s):

8. Bulb model(s) and type(s) used in your operation (model name/number, and type such as MH, HPS, LED, etc.):

Model Name	Model Number	Туре
		MH HPS LED HID

9. Do you use single-ended (SE), or double-ended (DE) bulbs? SE DE

ADDITIONAL QUESTIONS					
10.	Do you use different types of bulbs in the vegetative phase versus the flower phase?				
11.	Do you ever use Metal Halide and High Pressure Sodium bulbs interchangeably in your fixtures?				
	If "Yes," do you ever use Metal Halide bulbs in High Pressure Sodium ballasts?				

# IMPORTANT: THIS SUPPLEMENT MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

#### I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print):

Applicant Signature:

Applicant Title:

Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_