

## E-CIGARETTE AND VAPORIZER GENERAL & PRODUCTS LIABILITY APPLICATION

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.**

**BROKER SECTION:**

Agency: \_\_\_\_\_ Phone \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Email: \_\_\_\_\_

**BACKGROUND INFORMATION – PLEASE READ:**

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This application must be completed, dated and signed by a Principal of the Applicant.

**I. APPLICANT INFORMATION**

a) Name of Applicant (s) (and list all subsidiary Companies / DBA's) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

c) Location(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d) Telephone \_\_\_\_\_ Website \_\_\_\_\_

e) Email \_\_\_\_\_ Contact Name \_\_\_\_\_

f) Applicant is:    Individual            Partnership            Corporation            Joint Venture            LLC

Other: \_\_\_\_\_

g) Date of Incorporation/Start of Operations: \_\_\_\_\_

h) Applicant(s) operations (please mark an "X" next to any that apply):

Manufacturer		Wholesale/Distributor	
Importer		Exporter	
Manufacturers Rep		Retail	
Contract Manufacturer		Other	

i) Gross Sales:

	Eliquids	All other product sales	Total Sales
a. Projected Next 12 months:	USD _____	USD _____	USD _____
b. This Year/YTD:	USD _____	USD _____	USD _____
c. Last year:	USD _____	USD _____	USD _____

j) Any Foreign Sales? Yes No

If yes, list countries and % of sales? \_\_\_\_\_  
 \_\_\_\_\_

k) Is the applicant owned by, invested in, affiliated with or in any way working for a Tobacco company? Yes No

## II. HARDWARE/COMPONENTS

a) What products do you Manufacture (M), Sell (S) or distribute (D):

Product Type	M	S	D
E-Cigarettes/ Vaporisers (cigalikes, e hookah pens, aromatherapy inhalers, dry herb vaporiser)			
Mod with Sealed Batteries			
Batteries and chargers (single cell batteries – not including sealed batteries within mods)			
Accessories (Tanks, coils, wicks, drip tips, mouthpieces)			
Dry Herb Vaporiser (device designed to consume marijuana or other flowers/herbs)			
Heat Not Burn Devices (device designed to consume tobacco)			
Ultra Portable closed system or 'Pod System' Devices ( <b>note – if you sell a pod device under your own brand but outsource manufacture – please tick M, if selling only 3<sup>rd</sup> party pod devices S or D will apply</b> )			
Other (please describe)			

b) If you are selling or distributing only - Please complete manufacturer list in section VIII a) below.

c) Are you included as AI on the insurance of your suppliers? Yes No

### If you are selling batteries:

d) Do all of the batteries and chargers you distribute/sell come with CE certification or similar? Yes No

e) Do all of the batteries and chargers you sell have a safety mechanism to prevent overcharging? Yes No

f) Do you rewrap or sell rewrapped batteries? Yes No

g) Do you sell charging bags or carry cases Yes No



**IV. VAPE SHOPS**

- a) Are E-liquid flavor combinations mixed by employees only? Yes No
- b) Do you offer free flavor samples? Yes No
- c) If so, are your samples Nicotine free? Yes No
- d) Are the staff appropriately trained on how to handle liquid nicotine and aware of the dangers associated with spillage? Yes No
- e) Does this location have a hookah lounge or vaping lounge? Yes No
- f) Does this location have any of the following: Yes No
  - Live Music/DJs
  - Bouncers/Doormen
  - Liquor Sold/Served
  - Fresh Food Service

h) Other : \_\_\_\_\_

**V. WARNINGS**

- a) Do you warn your customers about:
  - i. Nicotine and addiction? Yes No
  - ii. Nicotine overdose (how much advisable to vape each day and/or strength) Yes No
  - iii. Explosion risk due to overcharging and charging with incompatible devices (including USB, car adaptors and iPhone chargers)? Yes No
  - iv. Toxicity of E-Liquid if spilled on skin? Yes No
  - v. Dangers of inappropriate storage of batteries (i.e. loose in pocket/handbags)? Yes No
- b) Are these warnings given in writing or verbally? \_\_\_\_\_
- c) Do you advise how e-liquid should be stored and disposed of? Yes No
- d) Do you promote your products as a smoking cessation device? Yes No
- e) Do you promote your products as Healthy or a healthy living choice? Yes No

**VI. MARKETING**

- a) Do you sell online? Yes No
- b) Do you market on social media? Yes No

c) Please describe controls in place at point of sale to prevent under age sales:

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d) Do you sell Nationwide? Yes No

If Yes, how do you verify that out of state customers are in compliance with relevant state law related minimum age? \_\_\_\_\_

**GENERAL INFORMATION**

a) Have any of your products been discontinued or recalled in the past 5 years, for reasons other than popularity? Yes No

i. If yes, explain \_\_\_\_\_

b) Are you planning to introduce any new products (other than new flavors) in the next 12 months? Yes No

i. If yes, list product(s) \_\_\_\_\_

c) Can your products be identified from those of competitors? Yes No

d) Do you keep comprehensive sales records for your customers and if so for how long ? ( i.e. if asked – could you verify what was sold to a specific customer on a specific date) \_\_\_\_\_

**INSURED HISTORY – CLAIMS, LOSSES, INCIDENTS:**

a) Have you had any claims in the past 5 years? Yes No

If yes, on a separate sheet provide details (Product, injuries, changes made since,etc.) and attach loss runs

b) Are you aware of any incident(s) that may result in a claim not reflected in the above question? Yes No

If yes, explain: \_\_\_\_\_

**VII. COVERAGE HISTORY:** If none, check here:

a) Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Rate: \$ \_\_\_\_\_ Term: \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_

b) Coverage Form:      Occurrence      Claims Made      Retro Date: \_\_\_\_\_

c) Has the applicant ever been declined or refused coverage, or had its coverage cancelled or non-renewed other than change in carrier appetite? Yes      No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**VIII. COVERAGE REQUEST:**

a) Limits of Coverage/Deductibles:

Coverage	Limits Requested	Deductible Requested	Retroactive Date Requested
Products Liability			
General Liability			

b) Do you require a Blanket Vendors Additional Insured Endorsement? Yes      No

c) Do you require an individual Vendors Additional Insured Endorsement? Yes      No

If yes, provide name, address, and any special wording requested by the vendor/distributor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Do you require an individual a Landlord/Lessor Additional Insured Endorsement? Yes      No

If yes, provide name, address, and any special wording requested by the landlord/lessor:

\_\_\_\_\_  
 \_\_\_\_\_

**IX. REQUIRED MANUFACTURING INFORMATION**

a)

ALL Manufacturing/Distributor Company Name	Country of Origin	M	D

b)	<b>ALL E-Liquid Manufacturers</b>	<b>Country of Origin</b>

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

***I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.***

***Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.***

***I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.***

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD, AND SUBJECT TO STATE FINES.**

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

TITLE

\_\_\_\_\_

DATE

\_\_\_\_\_

REQUESTED EFFECTIVE DATE