

ELECTRONIC CIGARETTE AND TOBACCO SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	
Website:	

2) Current Carrier Information:

Carrier:		
Limit of Insurance:		
Deductible:		
Premium:		
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:

Please attach copies of the following:

- a) *Currently valued five-year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's product brochure, catalog, or marketing materials if a website is not available*
- c) *Current policy declarations page for retroactive date and limits recognition (if applicable)*

3) What business operations are you engaged in? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Manufacturing/Import of Vaporizers | <input type="checkbox"/> Manufacturing/Import of Cigarettes/Cigars |
| <input type="checkbox"/> Manufacturing/Import of eLiquids | <input type="checkbox"/> Manufacturing/Import of Hookah Tobacco |
| <input type="checkbox"/> Manufacturing/Import of eLiquid Ingredients | <input type="checkbox"/> Manufacturing/Import of Other Tobacco |
| <input type="checkbox"/> Manufacturing/Import of Non-Electronic pipes | <input type="checkbox"/> Manufacturing/Import of Tobacco Alternative Products |
| <input type="checkbox"/> Manufacturing/Import of Self-Contained Disposable Electronic Cigarettes | |
| <input type="checkbox"/> Manufacturing/Import of Smoking Accessories Not Otherwise Described Above | |
| <input type="checkbox"/> Tobacco/Electronic Cigarette Distribution <i>(must be from a domestic manufacturer granting applicant Additional Insured status)</i> | |
| <input type="checkbox"/> Tobacco Shop/Smoke Shop | <input type="checkbox"/> Electronic Cigarette Shop |
| <input type="checkbox"/> Electronic Cigarette or Tobacco/Smoke Shop with CBD/Cannibidiol Sales | |

4) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5) Premise Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

6) Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

7) Please complete the below table regarding your sales:

Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:

OPERATIONS

- 8) If you are selling eLiquids/eCig cartridges, do you have FDA premarket authorization? Yes ☐ No ☐
a. If no, did you apply for premarket authorization prior to the Premarket Tobacco Product Application (PMTA) September 9, 2020 deadline? Yes ☐ No ☐

9) For eLiquid/Vape Juice, please check all ingredients used:

- ☐ Vegetable Glycerin ☐ Nicotine ☐ CBD/Cannibidiol ☐ Propylene Gylcol
☐ Water ☐ Alcohol ☐ Natural Flavorings ☐ Artificial Flavorings

☐ Other: _____

- a. Are all flavorings free from diacetyl (butanedione or butane-2,3-dione)? Yes ☐ No ☐
b. Are all liquids free from vitamin E acetate (α -Tocopheryl acetate or synthetic vitamin E)? Yes ☐ No ☐
c. Are all ingredients FDA food grade as applicable? Yes ☐ No ☐

10) For Tobacco Products, please check all ingredients used:

- ☐ Vegetable Glycerin ☐ Leaf Tobacco
☐ Honey/Molasses ☐ Spent Sugar Cane Husk (for non-tobacco hookah shisha)
☐ Natural Flavorings ☐ Porous Stone (for non-tobacco hookah shisha)
☐ Artificial Flavorings ☐ Other: _____

- a. Are all flavorings free from diacetyl (butanedione or butane-2,3-dione)? Yes ☐ No ☐
b. Do you produce any smoking materials that contain herbal blends (with or without tobacco)? Yes ☐ No ☐

11) If you sell any products containing CBD, what percentage of sales are of these products? _____%

12) If you have wholesale and retail sales, what percentage is retail to consumer? _____%

13) How can your products be differentiated from those of your competitors?

14) What independent 3rd party testing is done on products?

15) What destructive safety testing is done on electronic cigarette batteries and chargers manufactured or sold by you?

16) Are chargers designed to shut off once a battery has completed charging or overheating is detected? Yes ☐ No ☐

17) Do you have ISO 9001, FDA, CE, and/or UL Certification? Yes ☐ No ☐
Please list Certifications:



- 18) If operating a retail storefront, does your shop contain a lounge area where patrons may smoke or "vape" on premise? Yes ☐ No ☐
- a. If Yes, is entry to the store strictly limited to patrons over 18 years of age? Yes ☐ No ☐
- b. If Yes, are any foods or beverages sold or provided complementary? Yes ☐ No ☐
- Please describe:
-
- 19) Are there any present situations that might give rise to an incident causing a product recall? Yes ☐ No ☐
- If yes, provide details.
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- 20) Have you been cited by any regulatory agency for violations arising out of business activity involving your product? Yes ☐ No ☐
- If yes, provide details.
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- 21) Have you declared bankruptcy in the last ten years? Yes ☐ No ☐
- If yes, please explain:
-
- 22) Do you have any discontinued products? Yes ☐ No ☐
- If yes, please explain the reasons for discontinuing.
-
- 23) Do you rent your premises? Yes ☐ No ☐
- If yes, does your landlord require Additional Insured status in your written rental/lease agreement? Yes ☐ No ☐

LOSS ANALYSIS

- 24) Have you had any Product Liability claims that were or were not covered by insurance? Yes ☐ No ☐
- If yes, please attach details.
- 25) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If yes, please attach details. Yes ☐ No ☐
- 26) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products, product failure, product dispute bodily injury or property damage) arising out of or related to your products that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach details. Yes ☐ No ☐



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

