E-CIGARETTE AND VAPORIZER GENERAL& PRODUCTS LIABILITY APPLICATION - 2025

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 confirm % of each activity):

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

i) Gross Sales:

	Single cell Batteries and Chargers	Eliquids	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? _____

_____

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 **(note – if you sell a pod device under your own brand but outsource manufacture – please tick M, if selling only 3rd party pod devices S or D will apply)**			
Other (please describe)			

b) If you are selling or distributing only - who are the manufacturers you work with and where are they located?(All must be listed) _____

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

h) Where do you source your batteries from: _____

III. E-LIQUIDS

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

Product Type	M	S	D
Finished E-Liquids (NOTE – mixing of PG/VG, Nicotine and flavourings is considered manufacture of finished e liquids			
Flavorings or Flavoring Extracts			
Propylene Glycol or Vegetable Glycerine			
Liquid Nicotine			
Pre filled cartridges or pods			
Other (please describe)			

i. If the products you sell are not manufactured by you – please confirm the name of supplier or contract manufacturer and country of origin: _____

_____

ii. If products are manufactured by you:

1. where do you source your flavoring chemicals, PG/VG and Liquid Nicotine? (List Country of origin and Supplier):

_____

_____

2. are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No

3. do you purchase these ingredients in bulk? Yes No

4. if so, do you store appropriately and manage expiry dates Yes No

5. do you receive product safety data sheets with your flavors? Yes No

6. are the flavoring extracts you purchase from a 3rd party supplier made specifically for use within e liquids? Yes No

7. where are e-liquids mixed:

Dedicated Clean Room	
Contracted out to a 3rd party lab	
Warehouse	
Staff only area in store	
Counter in store or Vape Lounge as required	
Other (please describe)	

b) **Warranties.**

The applicant understands that no coverage shall be afforded to finished products:

1) **where the nicotine content has <u>not</u> been tested to verify the final content matches the amount declared on the label**
2) **which are not sold in child proof/ tamper proof containers**
3) **which do not have warnings (see section V) on the label**
4) **which do not display a Prop 65 warning on the label. (applicable only to Nicotine products sold in California)**

The applicant further understands that, as a requirement of coverage, all manufacturers must sterilise their mixing/testing/extraction equipment using FDA approved chemicals or alcohols or via Autoclave system.

c) Does your E-liquid contain Taurine, Caffeine or any Stimulants OTHER than Nicotine? Yes No

i. If yes please list ::_____

d) Does your e-liquid contain CBD? Yes No

i. What percentage of sales is for CBD E-Liquids?_____ _____

ii. Do you sell any other CBD products?

Product Type	Please tick
Edibles – candy, snacks, chocolate, drops and lozenges, CBD infused drinks and teas	
Tinctures and oils for oral administration	
Lotions, massage oils or hair products	
Supplements or pills containing CBD	
Animal products	

IV. VAPE SHOPS

a) Are E-liquid flavour combinations mixed by employees only? Yes No

b) Do you offer free flavor samples? Yes No

c) If so, are your samples Nicotine free?

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:

□ **Live Music/DJs**
□ **Bouncers/Doormen**
□ **Liquor Sold/Served**
□ **Fresh Food Service**

g) Would you like your GL coverage to extend to events in your vaping lounge? Yes No

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:

_____

_____

_____

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

If yes, explain_____

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

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) Yes No

_____

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 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:_____

COVERAGE HISTORY:

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? Yes No

If yes, explain:_____

_____

COVERAGE REQUEST:

a) Limits of Coverage/Deductibles:

Coverage	Limits Requested	Deductible Requested	Retroactive Date Requested

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:

_____

_____

_____

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.

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.

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

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

STATE FRAUD WARNINGS

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 YORK APPLICANTS: 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 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 five thousand dollars 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 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 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 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 such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.