



# ELECTRONIC CIGARETTES AND SIMILAR DEVICES LIABILITY APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Address:

Location:

Proposed Effective Date:

Website:

From: To:

12:01 A.M. Standard Time at the address of the Applicant

## GENERAL INFORMATION

1. Applicant is: Individual Corporation Partnership Joint Venture LLC  
Retailer Other: (Specify):
2. Business of Applicant is: Manufacturer Distributor Direct Importer Broker Retailer  
Other (Describe):

3. Years in business:

4. Description of operations, services and products sold (including accessories):

5. Description of acquisitions (companies and products) completed in the past five years:

6. Annual sales:		Sales -	Sales - All Other	Sales - Total
		United States	Countries	
Upcoming Year	to	\$	\$	\$
(Estimate) Current Year	to <input type="text"/>	\$	\$	\$
First Prior Year	to	\$	\$	\$
Second Prior Year	to	\$	\$	\$

7. Percentage of Estimated Sales by Product or Service Category:

	Upcoming Year (Estimate)	Average Last Three Years
Cigalikes		
Vaporizers - Battery-Powered		
Mods - Mechanical or Rebuildable		
Mods - Not Mechanical or Rebuildable		
Cartridges - Sealed		
Cartridges - Refillable		
E-Liquid - Bulk		
Batteries - Automatic or Manual		
Batteries - Variable Voltage		
Battery Rechargers		
Build-Your-Own Kits		
Other Parts		
Coil Wrapping Services		
Other (Attach Description)		
All Products	= 100%	= 100%

### GENERAL OPERATIONS

8. Do you sell any product component or replacement part (including but not limited to batteries, battery rechargers, mods and e-liquid) that is not manufactured by you? Yes No  
 If yes, please list the product and its brand name, the names of each supplier and their country of origin:
9. Do you manufacture and/or assemble your finished product in the United States? Yes No
10. Are you a wholesale distributor of finished products, component parts or replacement products made by others in the United States? Yes No  
 If yes, are you an Additional Insured-Vendor under each manufacturers Product Liability insurance? Yes No
11. Do you have any retail or vending operations? Yes No  
 If yes, please list all locations:

### BATTERIES AND RECHARGERS

If you sell rechargeable batteries and/or battery chargers:

12. Are all batteries equipped with a protection circuit to prevent thermal runaway? Yes No
13. Do you include instructions stating the batteries should only be recharged using compatible rechargers sold by you? Yes No
14. Are your rechargers equipped with an auto-safety cut-off to prevent overcharging? Yes No

## E-LIQUID

If you sell e-liquid:

15. Please describe how your product is packaged to prevent children from ingesting the e-liquid:
16. List names of each supplier and their country of origin for your chemical flavoring chemicals, PG/VG and liquid nicotine:
17. Are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No
18. Are the flavoring extracts you purchase from a vendor made specifically for use in e-liquid? Yes No
19. Do any contain:
- a. Diacetyl or acetyl propionyl? Yes No
  - b. Caffeine, taurine or any stimulants other than nicotine? Yes No
  - c. Cannabis, THC, CBD, CBN or other cannabinoids or cannabiniols? Yes No
  - d. Nicotine salt? Yes No
20. What is the maximum amount of nicotine (in milligrams) per milliliter of fluid?
21. Does the container state the amount of nicotine (in milligrams) per milliliter of fluid? Yes No

## LABELING

22. Are all warning labels and instructions for use reviewed by outside counsel and in compliance with all governmental and/or industry standards? Yes No

## CANNABIDIOL (CBD), CANNABIS AND HEMP PRODUCTS

23. Do you sell CBD or CBD-containing products?  
If so, what products do you sell (check all that apply):  
Pre-loaded vape pens or vaporizers  
E-liquid or e-liquid additives  
Cartridges or pods  
CBD concentrate or isolate  
Other:
24. What are your total estimated annual sales of CBD and CBD-containing products? \$
25. Do you directly import any CBD or CBD-containing products? Yes No
26. Are all products manufactured in full compliance with FCA current Good Manufacturing Practices (cGMP)? Yes No
27. Are all products certified to contain no more than 0.3% THC and listed on the label? Yes No
28. Do all of your labels include a disclaimer that the FDA has not evaluated the claims on your labels and that your products are not intended to diagnose, treat, cure or prevent any disease? Yes No
29. Do you sell any marijuana or hemp-derived products other than CBD? Yes No  
If so, describe:

## QUALITY ASSURANCE

30. Have you attended UL Certification under UL8139 for the electronics, batteries, heating systems and battery charging functions of your products? Yes No
31. Do you have a formal written Quality Assurance Program? Yes No  
If yes, how long are records kept? Years
32. Is your quality assurance program administered by a third party consultant? Yes No  
If yes, please explain why:
33. Can you identify your product from those of competitors? Yes No
34. Do you maintain records of the following:
- a. When and where your product was manufactured? Yes No
  - b. To whom your product was sold and the date of sale? Yes No
  - c. Who supplied the parts and/or supplies going into the product? Yes No
  - d. Changes in design? Yes No
  - e. Changes in advertising material? Yes No  
If yes, how long do you maintain those records? Years
35. Who designs your products?
36. Are designs reviewed, tested and verified by others? Yes No  
If yes, by whom?
37. Please list their credentials:

## REGULATORY COMPLIANCE

38. Are your products in compliance with all applicable government and/or industry standards? Yes No  
Describe the standards and the documentation:

## PRODUCT RECALLS

39. Do you have formal written product recall procedures? Yes No
40. Have you voluntarily or involuntarily recalled in the past five years, or are you considering recalling, any known or suspected defective products from the market? Yes No  
If yes, please describe:

## LOSS HISTORY AND KNOWN EVENTS

- |   |     |    |
|---|-----|----|
| 41. Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years?<br>If yes, then please attach an explanation.   | Yes | No |
| 42. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product service or work, which may result in a claim against you that is not disclosed above?<br>If yes, please attach an explanation.                | Yes | No |
| 43. Are you aware of an Serious Adverse Event, complaint or notice filed in the last three years with the United States Food and Drug Administration concerning your product?<br>If yes, please attach an explanation.                              | Yes | No |
| 44. Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product or operations?<br>If yes, please attach an explanation. | Yes | No |

## CURRENT AND DESIRED COVERAGE

Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Coverage Form:      Occurrence      Claims-Made      Retro Date:

Desired Limits:

Desired Deductible/SIR:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an Application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic signature of Applicant or Authorized Representative:

Title:

Current Date:

*If you prefer not to return application with an electronic signature, please print and sign.*