



**E-CIGARETTE AND VAPORIZER HARDWARE
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) : _____

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: _____

IV. WARNINGS

- a) Do you warn your customers about:
 - i. Potential Health Issues associated with Inhalation of Nicotine? Yes No
 - ii. Explosion risk due to overcharging and charging with incompatible devices (including USB, car adaptors and iphone chargers)? Yes No
 - iii. Dangers of storing loose batteries outside of a plastic battery case? Yes No
 - iv. Do you sell charging bags or battery cases? Yes No
- b) Do you promote your products as a smoking cessation device? Yes No

V. GENERAL INFORMATION

- a) Have any of your products been discontinued or recalled in the past 5 years? Yes No
 - i. If yes, explain_____
- b) Are you planning to introduce any new products 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

VI. 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:_____

VII. 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:_____

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:

e) How did you hear about us? _____

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

- I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM
- I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM