Admiral INSURANCE GROUP
a Berkley Company

HEALTH, NUTRITION, & LIFESTYLE RENEWAL APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:
From: 12:01 A.M. Standard Time at the address of the Applicant
To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? ◯ Yes ◯ No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership? ◯ Yes ◯ No

FEIN:

Inspections and Audit Information including Contact Name / Title / Phone Number:

Website:

Provide a complete list of Named Insured(s) and DBAs:

Does the Applicant comply with the following requirements/ industry standards:

a. Prop 65 labeling requirements? ◯ Yes ◯ No
b. cGMP Compliant? ◯ Yes ◯ No
c. Act 21 CFR 111 Compliant? ◯ Yes ◯ No
d. Are you compliant with the Modernization of Cosmetics Regulation Act of 2022 (MoCRA)? ◯ Yes ◯ No

SECTION I – ESTIMATED EXPOSURES

1) Confirm total sales of products, goods and services:

Annual Gross Sales:	Total	United States	Foreign
Next 12 Months	$	$	$
Current Year	$	$	$

2) List any changes in products, goods, or operations since the inception of your previous policy with Admiral:

3) In the past 12 months has the Applicant had any acquisitions or consolidations with another entity? ◯ Yes ◯ No
If Yes, list and explain:

4) If the Applicant is a Grower of Hemp or Cannabidiol (CBD), is Delta-9 THC content **more than 0.3%**? ◯ Yes ◯ No
(Note: If answered "Yes" to this question, this risk will be deemed ineligible and declined coverage.)

5) Provide the percentage of gross sales generated as an Importer – Directly Importing Ingredients or Finished Products. ____ %
(Note: Applicants whose products are dropped shipped directly to customers without the applicant taking physical possession will be deemed ineligible and declined coverage)

6) Have you added any products containing Hemp Delta THC? ◯ Yes ◯ No
(If Yes, additional questions will need to be completed to evaluate coverage eligibility.)

7) Does the applicant make or sell any hemp vaping devices, cartridges, e-liquids or rechargeable batteries? ◯ Yes ◯ No
If Yes, provide a sales breakout:

Vape Devices / Disposables:	Cartridges:	E-Liquids:	Batteries:	Other:
$	$	$	$	$

a. If the insured makes or sells rechargeable batteries, are they equipped with a protection circuit to prevent thermal runway? ◯ Yes ◯ No

8) Does the applicant contract out the manufacturing of their products to a third party? ◯ Yes ◯ No
If Yes, provide the manufacturer's name and physical address:

9) Are you now offering any contract manufacturing, private labeling, or white labeling services? ◯ Yes ◯ No

10) Has there been a voluntarily or involuntarily recall or withdrawal, or is it anticipated that there will be a recall or withdrawal of any products for any reason? ◯ Yes ◯ No
If Yes, advise what product has been subject to a recall and the reason for the recall:

Is the product still being sold? ◯ Yes ◯ No

What is the expected close-out date?

11) In the past five (5) years, has the applicant submitted a Serious Adverse Event Report (SAER) to the FDA or has the FDA notified the Applicant of a SAER submitted directly by a healthcare provider, firm or consumer? ◯ Yes ◯ No
If Yes, provide a list of all (SAEs), along with copies of all reports/documents.

12) Has the Applicant been inspected by the FDA? ◯ Yes ◯ No

a. Did the FDA issue a Form 483 or Warning Letter notifying the Applicant of any objectionable conditions? ◯ Yes ◯ No
If Yes, provide a copy of the FDA Warning Letter, Applicants written response to the FDA, and a Closeout Letter.

SECTION II – OPTIONAL COVERAGE ENHANCEMENTS

HIRED & NON-OWNED AUTO ☐ N/A

13) **If the Applicant desires Hired & Non-Owned Auto Liability (HNOA) coverage, complete the below:**

a. Does the Applicant have a Commercial Auto Liability policy? ◯ Yes ◯ No

b. Are there any autos registered to and owned by the Applicant for business use? ◯ Yes ◯ No

c. Will the Applicant have more than five employees using their personal auto for business use? ◯ Yes ◯ No

d. Will any vehicle be operated beyond a 50-mile radius of the business location address on a weekly basis? ◯ Yes ◯ No

e. Will any vehicle be used for product delivery? ◯ Yes ◯ No

(Note: If "Yes" was answered to any of the questions within 20) a.- e., HNOA coverage will be unavailable.)

CYBER LIABILITY ☐ N/A

14) Do you maintain baseline cybersecurity controls, including a business-grade firewall, timely patching of systems and devices, and oversight by internal IT or a managed service provider (MSP)? ◯ Yes ◯ No
Describe:

15) Do you provide at least annual security training for employees covering phishing/social engineering, incident reporting, acceptable use, credential security (passwords/MFA), and data handling requirements? ◯ Yes ◯ No

16) Do you use website technologies such as tracking pixels, session replay tools or chatbots? ◯ Yes ◯ No
If Yes, do you have privacy disclosures, required consents, safeguards for sensitive data and vendor agreements in place? ◯ Yes ◯ No
Describe gaps:

SECTION III – LOSS HISTORY DETAILS

17) Have there been any insured or uninsured losses and/or claims within the past five (5) years? ◯ Yes ◯ No

18) Is the Applicant aware of any investigation, incident, condition, circumstance, lawsuit, legal action or suspected defect in any product or work, which has resulted in or may result in demand for damages or claims against the Applicant that are not listed in the five (5) years carrier loss history? ◯ Yes ◯ No
If Yes, attach a detailed explanation.

19) Has any insurer cancelled coverage with the Applicant in the past five (5) years? ◯ Yes ◯ No
If Yes, provide details including the reason why:

For detailed information on regulatory requirements and definitions, the Applicant may find useful references at: www.fda.gov and www.ftc.gov

Note: Coverage will not apply to products containing ingredients banned by the FDA or any governmental body or ruling agency including but not limited to Steroids. Including any product, supplement, additive, substance, ingredient or compound controlled or banned by any governmental body or ruling agency or additions/changes to the Anabolic Steroid Control Act of 1990 including amendments thereto or the Anabolic Steroid Control Act of 2005; DMAA (Dimethylamylamine) (1.3 – Dimethylamylamine); Ephedra; Ephedrine Alkaloids; or Fenfluramine (N-NitrosoFenfluramine); Kratom; or Phenibut. General fill-in area for further explanation

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO: 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: 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 any agent thereof, any written 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.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other 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 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.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

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 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: Date:

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