



ELECTRONIC CIGARETTES AND SIMILAR DEVICES LIABILITY APPLICATION

Applicant Name:

Mailing Address:

Location:

Web Site:

Agent's Name:

Address:

Proposed Effective Date:
From: To:

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

Applicant is: Individual Corporation Partnership Joint Venture LLC Other (Specify)

Business of Applicant is: Manufacturer Distributor Direct Importer Broker Other (Describe)

Years in business:

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

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

Annual sales:

Upcoming Year (Estimate)

to

Current Year

to

First Prior Year

to

Second Prior Year

to

Sales -
United States

\$

\$

\$

\$

Sales - All
Other Countries

\$

\$

\$

\$

Sales -
Total

\$

\$

\$

\$

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

1. Do you sell any product, component part 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:

2. Do you manufacture and/or assemble your finished product in the United States? Yes No
3. 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 manufacturer's Product Liability insurance? Yes No
4. 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:

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

E-LIQUID

If you sell e-liquid:

1. Please describe how your product is packaged to prevent children from ingesting the e-liquid:

2. List the names of each supplier and their country of origin for your flavoring chemicals, PG/VG and liquid nicotine:

3. Are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No
4. Are the flavoring extracts you purchase from a vendor made specifically for use in e-liquid? Yes No
5. 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
6. What is the maximum amount of nicotine (in milligrams) per milliliter of fluid?
7. Does the container state the amount of nicotine (in milligrams) per milliliter of fluid? Yes No

LABELING

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

QUALITY ASSURANCE

1. Have you attained UL Certification under UL8139 for the electronics, batteries, heating systems and battery charging functions of your products? Yes No
2. Do you have a formal written Quality Assurance Program? Yes No
If yes, how long are records kept?
-
3. Is your Quality Assurance Program administered by a third party consultant? Yes No
If yes, please provide the consultant's name and physical address:
-
4. Can you identify your product from those of competitors? Yes No
5. 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 the records?

6. Who designs your products?

7. Are designs reviewed, tested and verified by others? Yes No

If yes, by whom?

Please list their credentials:

REGULATORY COMPLIANCE

1. Are your products in compliance with all applicable government and/or industry standards? Yes No

Describe the standards and the documentation:

PRODUCT RECALLS

1. Do you have a formal written product recall procedure? Yes No

2. 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 KNOWNEVENTS

1. Whether or not covered by insurance, has any claim been made or suit been brought against you in the past five years? Yes No

If yes, please attach an explanation.

2. 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? Yes No

If yes, please attach an explanation.

3. Are you aware of any Serious Adverse Event, complaint or notice filed in the last three years with the United States Food and Drug Administration concerning your product? Yes No

If yes, please attach an explanation.

4. 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? Yes No

If yes, please attach an explanation.

CURRENT AND DESIRED COVERAGE

Current Carrier: Limits: Deductible/SIR:

Rate: Premium:

Coverage Form: Occurrence Claims-Made Retro Date:

Is current carrier offering renewal? Yes No

Desired Limits: 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 below.

Signature of Applicant or Authorized Representative:

Title:

Current Date: