

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?
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?
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?
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?
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:

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.

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.