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Lathrop, CA 95330
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CA # 0708939 NV # 632045

E-CIGARETTE AND VAPORIZER 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 INSURED 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: _____

h) Applicant(s) operations (please check all that apply):

Manufacturer		Wholesale/Distributor	
Importer		Exporter	
Manufacturers Rep		Retail	
Other			

i) Gross Sales:

	Hardware/Components	E-Liquids
a. Projected Next 12 months:	USD _____	USD _____
b. This Year/YTD:	USD _____	USD _____
c. Last year:	USD _____	USD _____

j) Any Foreign Sales? Yes No If yes, list countries? _____

II. HARDWARE/COMPONENTS

a) What products do you Manufacture (M), Sell (S) or distribute (D):

Product Type	M	S	D
E-Cigarettes (Cigalikes)			
E-Liquid Vaporizers			
Batteries and components (such as Coils and wicks)			
Dry Herb/Oil/Wax Vaporizers			
Other (please describe)			

b) If you are selling or distributing only - who are the manufacturers and where are they located? (All must be listed)

c) Do all of the batteries and chargers you distribute/sell come with CE certification or similar? Yes No

d) Do all of the batteries and chargers you sell have a safety mechanism to prevent overcharging? Yes No

III. E-LIQUIDS

a) What products do you Manufacture (M), Sell (S) or distribute (D):

Product Type	M	S	D
Finished E-Liquids			
(NOTE – mixing of PG/VG, Nicotine and flavourings is considered manufacture of finished E-liquids.)			
Flavorings or Flavoring Extracts			
Propylene Glycol or Vegetable Glycerine			
Liquid Nicotine			
Other (please describe)			

b) i. If the products you sell are not manufactured by you – please confirm the name of supplier and country of origin: _____

ii. If products are manufactured by you:

1. Where do you source your flavoring chemicals, PG/VG and Liquid Nicotine? (List Country of origin and Supplier): _____

2. Are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No

3. Where are E-liquids mixed:

Dedicated Clean Room	
Warehouse	
Staff only area in store	
Counter in store or Vape Lounge as required	
Other (please describe)	

c) Does your E-liquid contain Taurine, Caffeine or any Stimulants OTHER than Nicotine? Yes No
 i. If yes please list : _____

d) Does your e-liquid contain CBD, THC, or other cannabinoids? Yes No
 i. If yes, please list: _____

ii. What percentage of sales is for Marijuana related products? _____%

IV. VAPE SHOPS

a) Are E-liquid flavour combinations mixed by employees only? Yes No

b) Does this location have a hookah lounge or vaping lounge? Yes No

c) Does this location have any of the following: Live Music/DJs Bouncers/Doormen Liquor Sold/Served
 Fresh Food Service

V. 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. Toxicity of E-Liquid if spilled on skin? Yes No

b) Do you advise how E-liquid should be stored and disposed of? Yes No

c) Do you promote your products as a smoking cessation device? Yes No

VI. 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

VII. 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: _____

VIII. 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: _____

IX. 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