

AFIG E-Cigarette/Vape Shop Application

BROKER SECTION:

 Agency: _____
 Phone _____

 Broker/Agent: _____
 Email: _____

Complete For Each Business Location

Named Insured:		Phone:	
Applicant Contact:	Email:		
Business Address:	Website:		
City:	County:	State:	Zip:

Interest In Location

List types of items sold:	Yes	No	NA
Do you have a Hookah Lounge?			
If yes, any live music or DJ's?			
If yes, any Bouncers or Doormen?			
If yes, any Liquor sales?			

General Applicant Information

	Yes	No
Has the applicant had any policy or property insurance refused, cancelled or non-renewed in the past three (3) years?		
Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?		
Has there been more than three insured or uninsured property or general liability losses, claims, or circumstances or one insured or uninsured loss, claim or circumstance exceeding \$25,000 at the property to be insured or any other property owned/rented in the past three years?		
Has the applicant had any licenses or permits refused, revoked or suspended?		
Has the applicant had more than two water damage claims in the past five years?		
Does the property have any galvanized plumbing pipes?		
Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?		
Is there any existing damage to building(s) to be insured?		
Is the property to be insured subject to a mortgage provided by an individual or entity other than a financial institution?		
Is the property located in a landslide or brush fire area (with less than 200 feet brush clearance)?		
Is the electric wiring on fully functioning and operational circuit breakers? No coverage will be available for knob and tube, aluminum wiring or fuses.		
Is there any commercial cooking on premises?		



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Property Section							
Indicate Type of Construction (X)						Original Year Built?	
Frame	Non - Combustible	Semi - Fire Resistive	Masonry Non - Combustible	Fire Resistive	Masonry Fire Resistive	Square Footage?	
						Protection Class?	
When was the following last updated or upgraded? (Indicate year)						Number of Stories?	
Roof	Plumbing	Wiring	Sprinklers - If any	Security - Alarm System		Own or Tennant?	
				Yes	No	If yes, name of alarm provider:	
Is there a central station burglar alarm?						Theft is excluded if there is no active central station burglar alarm monitored by an alarm provider	
Alarm inside your unit active and in your control?							
Other occupancies in the building, please describe:							
Approximate distance to nearest fire station?				Approximate distance to nearest fire hydrant?			

Claims History			
List all property claims in the past five (5) years, whether or not insured:			
Current property insurance carrier:		Current Policy Number:	

General Liability Section-Occurrence Form (Excluding Products Liability)			
	Yes	No	
Do you currently have liability insurance coverage?			If yes, indicate the following:
Any outstanding claims on current policy in force?			Current carrier:
Please list complete liability claims history, whether or not insured:			Current policy number:
Date of claim:		Amount settled:	Current liability limits:
Nature of injuries:			Current liability premium:
Details if pending:			Policy expiration date:

Exposure	
What are your annual receipts for calculation of liability premium?	



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If you have any knowledge of an event, circumstance or occurrence, other than listed in the above, prior to the effective date of the proposed policy, or if you foresee that a claim may be brought as a result of said event, circumstance or occurrence, please describe in detail:	
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Coverage Desired							
Contents / BPP Limit needed:			Improvements & Betterments:				
Real Property / Building You Own Limit:			Inventory / Stock Limit needed:				
Business Income / Extra Expense:			Coinsurance:			80%	
Property Deductibles requested:	\$500	\$1,000	\$2,500	\$5,000	\$10,000	\$25,000	Other
Theft Limit requested:							
Liability Limit requested	\$ 300,000 / \$600,000		\$500,000 / \$1,000,000		\$1,000,000 / \$2,000,000		
Proposed Effective Date for Coverage?							

I understand and agree that this application and any supplemental applications 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 result in the voiding of the insurance issued in reliance on this application and / or denial of claims under any policy issued.

Applicant Signature and Date:	
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I authorize and consent to investigation of information bearing upon moral character, professional reputation and fitness to engage in the activities of any business including authorization to every person or entity, public or private, to release the company, 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 maybe authorized by law.

Applicant Signature and Date:	
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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 any state and the risk is not protected by the state insurance solvency fund.

Applicant Signature and Date:	
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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.

App FINAL 5.26.17



E-CIGARETTE AND VAPORIZER PRODUCTS LIABILITY

SECTION – CLAIMS-MADE

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.

I. APPLICANT INFORMATION

a) Applicant is: Individual Partnership Corporation Joint Venture LLC

Other: _____

b) Date of Incorporation/Start of Operations: _____

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

Manufacturer		Wholesale/Distributor	
Importer		Exporter	
Manufacturers Rep		Retail	
Other			

d) Gross Sales: Hardware/Components E-Liquids

a. Projected Next 12 months: USD _____ USD _____

b. This Year/YTD: USD _____ USD _____

c. Last year: USD _____ USD _____

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

f) Are you a member of the SFATA.org? Yes
 No

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

e) Do you sell EFest, MxJo or LG batteries? 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			
Flavorings or Flavoring Extracts			
Propylene Glycol or Vegetable Glycerine			
Liquid Nicotine			
Other (please describe)			

NOTE – mixing of PG/VG, Nicotine and flavourings is considered manufacture of finished e liquids.

b) Are you a member of AEMSA? Yes No

(If yes – please skip to question d) below. If no – please continue)

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. do you purchase these ingredients in bulk? _____ Yes No
4. if so, do you store appropriately and manage expiry dates _____ Yes No
5. do you receive product safety data sheets with your flavors? _____ Yes No
6. are the flavoring extracts you purchase from a 3rd party supplier made specifically for use within e liquids? _____ Yes No
7. where are e liquids mixed:

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

 iii) **Warranties.**

The applicant understands that no coverage shall be afforded to finished products:

- 1) which are not batch tested by titration to confirm the nicotine content matches the amount declared on the label
- 2) which are not sold in child proof/ tamper proof containers
- 3) which do not have warnings (see section V) on the label

The applicant further understands that, as a requirement of coverage, all manufacturers must sterilise their mixing/testing/extraction equipment using FDA approved chemicals or alcohols or via Autoclave system.

Please confirm your acceptance by signing below:

- 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) Are the staff appropriately trained on how to handle liquid nicotine and aware of the dangers associated with spillage ? Yes No
- c) Does this location have a hookah lounge or vaping lounge? Yes No
- d) 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 (Choose one)	Deductible Requested	Retroactive Date Requested
Products Liability	<input type="checkbox"/> \$250,000/ \$250,000 <input type="checkbox"/> \$500,000/ \$500,000 <input type="checkbox"/> \$1,000,000/ \$1,000,000 <input type="checkbox"/> \$2,000,000/ \$2,000,000 <input type="checkbox"/> \$3,000,000/ \$3,000,000 <input type="checkbox"/> \$4,000,000/ \$4,000,000 <input type="checkbox"/> \$5,000,000/ \$5,000,000		

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:



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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