TOBACCO, VAPE & SMOKE SHOP SUPPLEMENTAL

Complete with CWCO-SUP-CORE and ACORD 125/126. Attach currently-valued five-year loss runs with claim detail for all losses open or exceeding $15,000, the applicant's product brochure or catalog, and

NAMED INSURED	EFFECTIVE DATE	RENEWAL?	FEIN	WEBSITE

MAILING ADDRESS	PREMISES ADDRESS (IF DIFFERENT)	CITY / STATE / ZIP

AUDIT / INSPECTION CONTACT	PHONE	EMAIL

A OPERATIONS

What business operations is the applicant engaged in? Check all that apply:

- ☐ Manufacturing / import of vaporizers
- ☐ Manufacturing / import of eLiquids
- ☐ Manufacturing / import of eLiquid ingredient
- ☐ Manufacturing / import of non-electronic pip
- ☐ Manufacturing / import of disposable e-cigar
- ☐ Manufacturing / import of cigarettes or ciga
- ☐ Manufacturing / import of hookah tobacco
- ☐ Manufacturing / import of other tobacco
- ☐ Manufacturing / import of tobacco alternativ
- ☐ Manufacturing / import of smoking accessorie
- ☐ Tobacco / e-cigarette distribution
- ☐ Tobacco shop / smoke shop
- ☐ Electronic cigarette shop
- ☐ Shop with CBD / cannabidiol sales
- ☐ Online / e-commerce sales

Distribution is generally acceptable only from a domestic manufacturer granting the applicant additional insured status.

PERIOD	TOTAL SALES ($)	% RETAIL TO CONSUMER	% WHOLESALE	% CBD PRODUCTS

Complete rows for: upcoming year (estimated), last 12 months, one year prior, two years prior, three years prior.

HOW CAN THE APPLICANT'S PRODUCTS BE DIFFERENTIATED FROM THOSE OF ITS COMPETITORS?

A1 Does the applicant rent its premises? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A1, state whether the landlord requires additional insured status in the written lease.

A2 Are there any discontinued products? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A2, explain the reasons for discontinuing each product.

B REGULATORY & FDA COMPLIANCE

Premarket authorization status is a threshold eligibility question for any applicant selling eLiquids or cartridges.

B1 If selling eLiquids or e-cigarette cartridges, does the applicant have FDA premarket authorization? ☐ Yes ☐ No

IF YES, EXPLAIN

B2 If no — did the applicant apply for premarket authorization prior to the PMTA September 9, 2020 deadline? ☐ Yes ☐ No

IF YES, EXPLAIN

B3 Does the applicant hold ISO 9001, FDA, CE, or UL certification? ☐ Yes ☐ No

IF YES, EXPLAIN

B4 Has the applicant been cited by any regulatory agency for violations arising out of business activity involving its product? ☐ Yes ☐ No

IF YES, EXPLAIN

B5 Are all age-verification requirements enforced at point of sale and, where applicable, at delivery? ☐ Yes ☐ No

IF YES, EXPLAIN

CERTIFICATIONS HELD (LIST)

STATE AND LOCAL TOBACCO LICENSES HELD

C PRODUCT COMPOSITION & TESTING

For eLiquid / vape juice, check all ingredients used:

- ☐ Vegetable glycerin
- ☐ Propylene glycol
- ☐ Natural flavorings
- ☐ Nicotine
- ☐ Water
- ☐ Artificial flavorings
- ☐ CBD / cannabidiol
- ☐ Alcohol
- ☐ Other (describe below)

For tobacco products, check all ingredients used:

- ☐ Vegetable glycerin
- ☐ Natural flavorings
- ☐ Leaf tobacco
- ☐ Artificial flavorings
- ☐ Honey / molasses
- ☐ Spent sugar cane husk
- ☐ Porous stone (non-tobacco shisha)
- ☐ Herbal blends
- ☐ Other (describe below)

C1 Are all flavorings free from diacetyl (butanedione or butane-2,3-dione)? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Are all liquids free from vitamin E acetate? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Are all ingredients FDA food grade, as applicable? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Does the applicant produce any smoking materials containing herbal blends, with or without tobacco? ☐ Yes ☐ No
IF YES, EXPLAIN

WHAT INDEPENDENT THIRD-PARTY TESTING IS PERFORMED ON PRODUCTS? IDENTIFY THE LABORATORY AND TESTING SCOPE.

WHAT DESTRUCTIVE SAFETY TESTING IS PERFORMED ON ELECTRONIC CIGARETTE BATTERIES AND CHARGERS MANUFACTURED OR SOLD BY THE APPLICANT?

C5 Are chargers designed to shut off once a battery has completed charging, or when overheating is detected? ☐ Yes ☐ No
IF YES, EXPLAIN

C6 Are lithium-ion batteries stored separately, with fire-rated containment? ☐ Yes ☐ No
IF YES, EXPLAIN

D RETAIL STOREFRONT & LOUNGE

D1 If operating a retail storefront, does the shop contain a lounge area where patrons may smoke or vape on premises? ☐ Yes ☐ No

D2 If a lounge is present — is entry to the store strictly limited to patrons over 18 years of age? ☐ Yes ☐ No

D3 Are any foods or beverages sold or provided complimentary? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is alcohol served or permitted on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D4, attach CWCO-SUP-LIQ.

LOUNGE SQUARE FOOTAGE | MAXIMUM OCCUPANCY | VENTILATION SYSTEM TYPE | LATEST HOUR OF OPERATION

E COVERAGE & LOSS HISTORY

Attach currently-valued five-year loss runs with claim detail for all losses open or exceeding $15,000.

CURRENT CARRIER	LIMIT OF INSURANCE	DEDUCTIBLE	EXPIRING PREMIUM ($)

E1 Is the current carrier offering renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Is the expiring policy written on a claims-made basis? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to E2, state the retroactive date in the explanation field.

E3 Are there any present situations that might give rise to an incident causing a product recall? ☐ Yes ☐ No
IF YES, EXPLAIN

E4 Has the applicant had any product liability claims, whether or not covered by insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 During the past five years, has any insurer cancelled or non-renewed similar insurance, or has coverage been cancelled for nonpayment? ☐ Yes ☐ No
IF YES, EXPLAIN

E6 Is the applicant aware of any occurrence, fact, circumstance, incident, situation, damage or accident — including allegations of faulty or defective products, product failure, product dispute, bodily injury or property damage — that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not? ☐ Yes ☐ No
IF YES, EXPLAIN

E7 Has the applicant declared bankruptcy in the last ten years? ☐ Yes ☐ No
IF YES, EXPLAIN

POLICY TERM	CARRIER	LINE OF COVERAGE	PREMIUM ($)	# CLAIMS	TOTAL INCURRED ($)

F ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — SUPPLIER AGREEMENTS, VENDOR ENDORSEMENTS HELD, OR PLANNED CHANGES

G REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The applicant acknowledges that the answers provided are based on reasonable inquiry and agrees to notify the producer of any material change arising prior to the effective date.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE