



**CALCO COMMERCIAL INSURANCE PRODUCT LIABILITY  
INSURANCE SUPPLEMENTAL APPLICATION FOR THE  
ELECTRONIC CIGARETTE/VAPE INDUSTRY**

Proposed Effective Date:  
Referred By:

**A. APPLICANT**

1. Company Name: \_\_\_\_\_ Entity Type: \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_

2. Name of Authorized Representative: \_\_\_\_\_

4. Business Phone: ( ) - ext: \_\_\_\_\_ 6. Cell Phone: ( ) - \_\_\_\_\_

5. Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Years in business: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Physical Address (enter all locations): I) \_\_\_\_\_  
 II) \_\_\_\_\_  
 III) \_\_\_\_\_  
 IV) \_\_\_\_\_

**B. PRODUCT AND COMPLETED OPERATIONS**

VAPE PRODUCTS	* E-DEVICES & COMPONENTS	E-JUICE
MANUFACTURER	<input type="checkbox"/>	<input type="checkbox"/>
DISTRIBUTOR	<input type="checkbox"/>	<input type="checkbox"/>
IMPORTER	<input type="checkbox"/>	<input type="checkbox"/>
RETAILER	<input type="checkbox"/>	<input type="checkbox"/>

\* Devices and Components include mechanical and electrical vaporizers/e-cigarettes, tanks, batteries, coils, atomizers, wicks, and other accessories.

NON-VAPE PRODUCTS (If Applicable) (coverage for non-vape products is <u>not guaranteed</u> and is subject to underwriting approval)			
MANUFACTURER <input type="checkbox"/>	DISTRIBUTOR <input type="checkbox"/>	IMPORTER <input type="checkbox"/>	RETAILER <input type="checkbox"/>
Gross Annual Sales:	List products:		

2. ANNUAL GROSS SALES  
 2a. Projected for the next 12 months: \_\_\_\_\_  
 2b. Last 12 months (if applicable): \_\_\_\_\_

3. Do you manufacture products for others?  YES  NO  
 If YES, list names: \_\_\_\_\_

4. Do others manufacture products on your behalf?  YES  NO  
 If yes, provide the name(s) of the manufacturer(s) and the product(s): \_\_\_\_\_

5. Are you a member of:  SFATA  AEMSA  Other, explain: \_\_\_\_\_

6. Have you recalled any products in the last 5 years?  YES  NO  
 If YES, explain: \_\_\_\_\_

7. a. Is a written loss control program in effect?  YES  NO  
 b. Any written quality control procedure?  YES  NO  
 c. Any written product recall plan?  YES  NO

8. Do your products include Warnings and User Instructions?  YES  NO

9. List the names of your US and Chinese suppliers.

*Not required for quote. However, required prior to binding.*

**C. CLAIMS HISTORY**

1. Any claims in the past 5 years?  YES  NO

2. Are you aware of any incident(s) which may result in a claim not reflected in question C.1?  YES  NO

If yes, explain:

3. Expiring Carrier Information - Check if NONE

A. Name of Insurer:

Liability Limits:

Effective Date:

Expiration Date:

Premium:

Deductible:

Coverage Form:  Occurrence or  Claims Made Retro-date, if Claims Made:

4. Has any carrier cancelled or refused to renew products liability?  YES  NO

If yes, explain:

**D. REQUESTED COVERAGE**

Check One	Each Occurrence	Products Liability Aggregate	General Aggregate
<input type="checkbox"/>	250,000	250,000	250,000
<input type="checkbox"/>	500,000	500,000	500,000
<input type="checkbox"/>	1,000,000	1,000,000	1,000,000
<input type="checkbox"/>	1,000,000	1,000,000	2,000,000
<input type="checkbox"/>	1,000,000	2,000,000	2,000,000
Other <input type="checkbox"/>			

**\*Higher limits are available subject to underwriting approval.**

**WARRANTY:** THE PURPOSE OF THIS SUPPLEMENTAL APPLICATION IS TO ASSIST IN THE UNDERWRITING PROCESS. INFORMATION CONTAINED HEREIN IS SPECIFICALLY RELIED UPON IN DETERMINATION OF INSURABILITY. THE UNDERSIGNED, THEREFORE WARRANTS THAT THE INFORMATION CONTAINED HEREIN (CONSISTING OF THREE PAGES) IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF. THE SUPPLEMENTAL APPLICATION, AND THE APPLICATION TO WHICH IT IS APPENDED, SHALL BE BASIS OF ANY INSURANCE POLICY THAT MAY BE ISSUED AND WILL BE PART OF SUCH POLICY.

**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 INSUREDS 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**BROKER SECTION ONLY**

<b>Agency:</b>	<b>Phone:</b>
<b>Broker/Agent:</b>	<b>Email:</b>