



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

How to Submit Application

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

What to Expect Next?

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:
415.475.4300
877.655.0123

Submissions: submissions@ppibcorp.com

FAX:
415.475.4303

Let's Get Started

Fill Out Application on Next Page



CBD PRODUCTS LIABILITY APPLICATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Address and/or Storage Location 1: _____

City: _____ State: _____ Zip Code: _____

County: _____ Square Footage: _____

Business Address and/or Storage Location 2: _____

City: _____ State: _____ Zip Code: _____

County: _____ Square Footage: _____

Business Address and/or Storage Location 3: _____

City: _____ State: _____ Zip Code: _____

County: _____ Square Footage: _____

Business operated as: Corporation LLC LLP Partnership Individual

Date of Incorporation/ Start of Operations: _____ Days/hours of operation: _____

Gross Receipts for ALL operations: Prior 12 Months: _____ Next 12 Months: _____

Do you have any Foreign Sales? Yes No If Yes, % of Sales: _____

List of Countries: _____

Do you need General Liability? Yes No If no, what Company insures your General Liability coverage? _____

Are you required to name any other person or entity as an Additional Insured on your Policy? Yes No

a. If Yes, please provide Name and Address: _____

b. What is the interest of the Additional Insured? Landlord City or Government Agency Lessor Franchisor
 Vendor Other: _____

c. Does the additional Insured require the following: Primary/ Non Contributory Wording Waiver of Subrogation

OPERATIONS

1. List ALL Business Operations

Manufacturer Distributor/Wholesaler Importer Retailer

Private Label Products Exporter Other: _____

2. List complete description of ALL products manufactured, baked or produced by the applicant:

(Need Full Product List to be attached)

Beauty/Cosmetic Creams Soaps/Shampoos CBD only Capsules/Tablets Tinctures

Oils Extracted for use by a 3rd Party Hemp for Textiles Pet Supplements/Pet Treats Lotions/Salves

Distilled oils to 3rd party specifications Other CBD Products: _____

Any NON CBD Products: _____

3. Is Blanket Vendors coverage desired? Yes No

4. Is there a written products recall plan? Yes No

5. Any hold harmless agreements, warranties, guarantees given to any supplier, distributor, or purchaser? Yes No

a. Please Explain: _____

6. Any new products introduced in the past year? Yes No

a. If yes, list product(s) and when introduced: _____

CBD PRODUCTS LIABILITY APPLICATION

7. List any product that has been discontinued or recalled in the past year and why? _____

8. Do you manufacture the complete product? Yes No
- a. If no, what component parts are purchased by you: _____
- b. Who are component parts purchased from: _____
- c. If products are not manufactured by you, are actual manufacturers located in the US? Yes No
- d. If yes, do they carrier domestic products insurance at limits of \$1M or greater? Yes No
- e. Do you require certificates of insurance that name you as an Additional Insured? Yes No
- f. Are any foreign products/components involved? Yes No
- i. If yes, identify the company of manufacture and country of origin: _____
9. Will any vendor repackage, re-label or modify your product? Yes No
- a. If yes, explain: _____
10. List all products manufactured by you not sold under its label: _____

11. Are any new products proposed for introduction in the next 12 months? Yes No
- a. If yes, list product(s): _____
12. Can products be identified from those of competitors? Yes No
- a. If yes, how: _____

Extracting Your Own Oils or Oils For Use By Others

Does Not Apply

1. What extraction method do you use: Alcohol/Ethanol Co2 Ice Water/Rosen Press Butane
 Other: _____
2. Do you use a closed loop system? Yes No
3. Are all employees that use extraction equipment thoroughly trained? Yes No
4. Are Standard Operating Procedures in place for operation of all extraction equipment? Yes No
5. Is all extraction equipment under a routine maintenance program? Yes No
6. Are extraction operations conducted in a dedicated room? Yes No
7. Is all equipment used according to manufacturer specifications? Yes No
8. Have you made any modifications to the equipment beyond what the manufacturer intended? Yes No
9. Is a ventilation system in place within the extraction area? Yes No
10. Is there a gas detection system installed in the extraction area? N/A Yes No
11. Are all flammable liquids stored in a UL approved container? N/A Yes No

Questions for Hydrocarbon/ Flammable Solvents:

1. Is the lab or extraction area sprinklered, or does it have a form of fire suppression system installed? Yes No
2. Is extraction equipment in a room with any equipment that could cause a spark? (water heaters, area heaters, stoves, furnaces, cell phones, hand tools) Yes No

Questions for CO2 Extraction:

1. Are CO2 compressed gas cylinders secured to a fixed object to prevent falling? Yes No
2. Are pressure relief devices and blow-off valves piped to exterior of building? Yes No
3. Is the extraction equipment installed with adequate clear space from any combustibile materials? Yes No

CBD PRODUCTS LIABILITY APPLICATION

QUALITY CONTROL / LOSS CONTROL

1. Do you use a third party lab to test products containing CBD for ALL of the following:
 - a. Products < 0.3% THC? Yes No
 - b. Products are not contaminated with Pesticides, Bacteria, Mold/Fungus, Mycotoxins, Heavy Metals, Residual Solvents Yes No
 - c. Cannabinoid profiles (e.g THCA, delta8-THC, CBDA, CBD, CBG, CBD etc.); Cannabinoid dosage per service (milligrams per service for each cannabinoid); Terpene profiles? Yes No
 - i. If No, to any explain: _____
2. Are any products containing CBD ever released into the stream of commerce (i.e. to dispensaries, other distributors or infused product manufacturers) before testing reports confirming products are free from any contaminants (e.g. pesticides, mold, fungus, heavy metals, etc.) are received from the third party testing laboratory? Yes No
3. Is a written loss control program in effect? Yes No
4. Any written quality control procedure? Yes No

WARNINGS

1. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse, made known to the ultimate user by:
 - a. warnings labels and written instructions for use? Yes No
 - b. Other means? (If yes, attach details) Yes No

CLAIMS HISTORY

1. Do you Currently have Products and/or General Liability Insurance coverage Yes No

<u>Insurer:</u>	<u>Policy #:</u>	<u>Limits:</u>	<u>Premium:</u>	<u>Exp. Date</u>	<u>Policy Type:</u>
					<input type="checkbox"/> Prods <input type="checkbox"/> GL
- If Claims Made: Provide Retro date: _____
2. Have you ever had products and/or general liability insurance refused, declined, cancelled or accepted on special terms? *If yes, provide details on a separate sheet* Yes No
3. Do you, or any applicant, have knowledge of an event, circumstance or occurrence prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? *If yes, describe details on a separate sheet* Yes No

ATTESTATION

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 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. 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.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE 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 is not subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

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 SIGNED

REQUESTED EFFECTIVE DATE

LIABILITY LIMIT REQUESTED

One box below must be checked:

I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM