



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



PRODUCTS LIABILITY APPLICATION

SECTION I: GENERAL INFORMATION

1. Applicant Name (First, Last): _____ Phone Number: _____
2. Business Name: _____
3. Email Address: _____ Website: _____
4. Your Mailing Address: _____
City: _____ State: _____ Zip code: _____
5. Your Business Address (1): _____
City: _____ State: _____ Zip code: _____
County: _____ Sq. Ft: _____
6. Your Business Address (2): _____
City: _____ State: _____ Zip code: _____
County: _____ Sq. Ft: _____
7. Date of Incorporation / Start of Operations: _____
8. Business operated as: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual
9. Gross Receipts for ALL Operations: Prior 12 Months: _____ Next 12 Months: _____
10. For new clients only, do you currently have Products and / or General Liability insurance coverage? ☐ Yes ☐ No
Insurer: _____ Policy: _____ Limits: _____ Premium: _____ Exp.Date: _____ Policy Type: _____
_____ ☐ Prods ☐ GL
a. If Claims Made Provide Retro Date: _____

SECTION II: OPERATIONS

General Operations

1. List ALL Business Operations:
☐ Manufacturer ☐ Distributor / Wholesaler ☐ Importer ☐ Retailer
☐ Private Label Products ☐ Other: _____
2. Do you provide product demonstrations for any of the products you sell? ☐ Yes ☐ No
3. Do any of your products require prescription for purchase? ☐ Yes ☐ No
a. If Yes, provide a list of products on a separate sheet of paper.
4. Do you sell any products with age restrictions / controls? ☐ Yes ☐ No
a. If Yes, describe controls in place at point of sale to prevent underage sales: _____
b. If Yes, do you sell products in more than one state? ☐ Yes ☐ No
i. If Yes, how do you verify that out of state customers are in compliance with relevant state laws related to minimum age? _____
5. Have any products been discontinued or recalled in the past year? _____ ☐ Yes ☐ No
a. If Yes, list products & reason: _____
6. Are there any new products proposed for introduction in the next 12 months? ☐ Yes ☐ No
a. If Yes, list products: _____
7. Do you have any sales outside the US? ☐ Yes ☐ No If Yes, % of Sales: _____
a. If Yes, provide list of countries sold in: _____

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Quality / Loss Control

1. Is a written Quality & Loss Control program in effect? ☐ Yes ☐ No
2. Is there a written products recall plan in place? ☐ Yes ☐ No
3. Do your products including warning labels and written instructions for use? ☐ Yes ☐ No
 - a. If No, explain: _____
4. Is there a supplier / vendor approval program? ☐ Yes ☐ No
5. Do you have a hold harmless agreement / right of subrogation in place with vendors? ☐ Yes ☐ No

Manufacturing

1. Do you manufacture the complete product? ☐ Yes ☐ No
 - a. If No, answer below:
 - i. What products are manufactured by you? _____
 - ii If products are not manufactured by you, are actual manufacturers located in the US? ☐ Yes ☐ No
 1. If No, where are they located? _____
 2. If Yes, do they carry domestic products insurance at limits of \$1M or greater? ☐ Yes ☐ No
2. Do you have end product testing and / or testing at Critical Control Points (CCPs)? ☐ Yes ☐ No
3. Do you manufacture products to customers specifications? ☐ Yes ☐ No
4. If you manufacture any CBD / Hemp products, complete the following:
 - a. Do you extract any CBD oil? If Yes, answer i-iv below: ☐ Yes ☐ No
 - i. What extraction method do you use? ☐ Alcohol/Ethanol ☐ Ice Water/Rosen Press ☐ Co2 ☐ Butane
☐ Other: _____
 - ii. Do you use a closed loop system? ☐ N/A ☐ Yes ☐ No
 - iii. Are all employees that use extraction equipment thoroughly trained? ☐ Yes ☐ No
 - iv. Are Standard Operating Procedures in place for operation of all extraction equipment? ☐ Yes ☐ No

SECTION III: PRODUCT CATEGORIES

Select ALL product types that you sell:

Beauty & Aesthetic Tools & Products

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Beauty Jewelry | <input type="checkbox"/> Hair Care Products | <input type="checkbox"/> Perfume |
| <input type="checkbox"/> Topical Makeup | <input type="checkbox"/> Topical Skincare
including CBD | <input type="checkbox"/> Topical Salves / Pain
Relief Creams | <input type="checkbox"/> Tools-Tweezers, Lash
Curlers, etc. |
| <input type="checkbox"/> Beauty Enhancements- Eyelash Extensions, Hair
Extensions, Wigs | <input type="checkbox"/> Heat Tools - Curling Irons, Hair Dryers, Hair
Straighteners, etc. | | |
| <input type="checkbox"/> Other (coverage is only available to the products specifically listed on the policy): _____ | | | |

1. If beauty jewelry is sold, is it from US or Canada manufacturers and / or to EU or UK standards? ☐ N/A ☐ Yes ☐ No
 - a. If No, where are they manufactured? _____
2. If selling beauty enhancements, what material is it made of? _____
3. If selling beauty enhancements, where is the material sourced? _____

PRODUCTS LIABILITY APPLICATION

Tattoo & Piercing Products

- ☐ Tattoo & Permanent Makeup Pigment & Removal Products
- ☐ Black Henna
- ☐ Piercing Jewelry
- ☐ Needles / Piercing Guns
- ☐ Tattoo / Permanent Makeup Machines
- ☐ Topical Anesthetics & Aftercare
- ☐ Other _____

1. Are tattoo & permanent makeup pigment & removal products from US or Canada manufacturers and / or to EU or UK standards? ☐ N/A ☐ Yes ☐ No
2. If using tattoo & permanent makeup pigment & removal products, are solutions specifically commercial manufacturers for a sole purpose of pigment / tattoo removal? ☐ N/A ☐ Yes ☐ No
3. If selling piercing jewelry, is it from US or Canada manufacturers and / or to EU or UK standards? ☐ N/A ☐ Yes ☐ No

Equipment

- ☐ Fitness Accessories
- ☐ Electronic Beauty Devices (Class 1)
- ☐ Medical Devices
- ☐ Light / Energy Devices (Class I or Class II)
- ☐ Light / Energy Devices (Class III or higher)
- ☐ Sports Helmets or Equipment
- ☐ Other: _____

1. If selling any devices, are they manufactured in the US? ☐ Yes ☐ No
- a. If No, where are they manufactured? _____

Products for Animals

- ☐ Dietary Supplements
- ☐ Toys
- ☐ Cages / Beds
- ☐ Raw / Fresh Food
- ☐ Shelf Stable Food
- ☐ Treats including anything with CBD
- ☐ Leashes, collars, harnesses, and similar items
- ☐ Grooming Products- Shampoo, Nail Clippers, Non- prescription Eye / Ear Drops
- ☐ Flea / Tick / Worming Medication
- ☐ Other: _____

Baby Products

- ☐ Formula / Food
- ☐ Furniture / Mattress / Cribs
- ☐ Clothing
- ☐ Toys
- ☐ Baby care-Diaper ointment, shampoo, wash, lotions, etc.
- ☐ Other: _____

Office Supplies

- ☐ Pens / Pencils
- ☐ Stickers
- ☐ Paper / Notebooks
- ☐ Computers
- ☐ Calculators
- ☐ Scissors / Paper Cutters
- ☐ Desk Accessories
- ☐ Printers / Scanners / Fax Machines
- ☐ Other: _____

Apparel

- ☐ Accessories
- ☐ Bags
- ☐ Shoes
- ☐ Clothing
- ☐ Other: _____

1. If selling items listed in this section, are any of them national or international name brand products? ☐ Yes ☐ No

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Adult Novelties

- ☐ Personal Lubricants ☐ Condoms ☐ Edibles ☐ Vibrators
☐ Minor Restraints ☐ Spermicides ☐ Other: _____

1. Do any of your products contain Phthalate? ☐ Yes ☐ No
a. If Yes, please explain: _____
2. Do you have any media exposure, i.e. magazines, videos, book? ☐ Yes ☐ No
a. If Yes, please explain: _____
3. Do you have any robotic stimulation aides? ☐ Yes ☐ No
a. If Yes, please explain: _____

Personal Protective Equipment (PPE)

- ☐ Face Coverings ☐ Gloves ☐ Hand Sanitizer ☐ Other: _____

Nutraceuticals & Health Products

- ☐ Dietary and / or Herbal Supplements and Vitamins ☐ Health Foods ☐ Beverages ☐ CBD Edibles / Gummies
☐ CBD Oils Extracted for use as an Ingredient ☐ CBD Capsules ☐ CBD Tinctures ☐ Other: _____

Miscellaneous

- ☐ Candles / Wax Melts ☐ Essential Oils / Incense ☐ Board / Card games ☐ E- Cigarettes / Inhaled Products
☐ Holistic (non-ingestible) Items ☐ Household Cleaning Products ☐ CBD / Hemp Flower or Oil (including its derivatives) ☐ Kratom
☐ Other: _____

1. If any of the products above contain CBD/HEMP, answer the following questions a-c:
- a. Check if the product contains any of the following:
☐ Delta 8 ☐ Delta 9 ☐ Delta 10 ☐ HHC ☐ THC-V ☐ THC-O
☐ Other similar psychoactive ingredients? _____
- b. Are any products ever released into the stream of commerce before testing reports from 3rd party laboratory have confirmed products are free from any contaminants? ☐ Yes ☐ No
- c. Do you use a third-party lab to test products for ALL of the following:
- i. <0.3% THC? ☐ Yes ☐ No
- ii. No contamination of Pesticides, Bacteria, Mold/Fungus, Mycotoxins, Heavy Metals, Residual Solvents ☐ Yes ☐ No
- iii. Cannabinoid profiles (e.g., THCA, delta8-THC, CBDA, CBD, CBG, etc.); Cannabinoid dosage per service (milligrams per service for each Cannabinoid; Terpene profiles? ☐ Yes ☐ No
1. If No to any, explain: _____

PRODUCTS LIABILITY APPLICATION

SECTION IV: GENERAL LIABILITY

If this Section does not apply, Check Here ☐

1. Do you need General Liability? ☐ Yes ☐ No
2. Does your lease require higher than \$100K for Damage to Rented Premises? ☐ Yes ☐ No
- a. If Yes, select limits: ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000
3. Mark if either of the following coverage is needed. ☐ Non-Owned Auto ☐ Hired Auto
- If so, answer questions a-f:
- a. Do you have a current commercial auto policy? ☐ Yes ☐ No
- b. Do you have a contractual requirement to carry Hired Auto? ☐ Yes ☐ No
- c. Under what circumstances do the employees use their personal vehicles? _____
- d. Approximate combined number of Non-Owned Auto trips annually? ☐ None ☐ 1-25 ☐ 25+
- e. Approximate combined number of Hired Auto trips annually? ☐ None ☐ 1-25 ☐ 25+
- f. Do you require your employees to carry their own insurance, with at least state minimum requirements, and obtain proof of insurance before you authorize them to use their own auto on company business? **If NO, coverage will be excluded.** ☐ Yes ☐ No
4. Do you want coverage for Employers Liability (ND, OH, WA, WY only)? ☐ Yes ☐ No
- a. If Yes, indicate Limit: ☐ \$100K ☐ \$300K ☐ \$500K ☐ \$1M
5. Do you want coverage for Employee Benefits Liability? ☐ Yes ☐ No
- a. If Yes, indicate Limit: ☐ \$300K ☐ \$500K ☐ \$1M

SECTION V: ADDITIONAL INSURED

If this Section does not apply, Check Here ☐

1. Do you have an Additional Insured (AI) who needs to be listed as an AI under the Products Liability coverage? ☐ Yes ☐ No
- a. AI Name: _____
- b. Address: _____
- c. Does the AI require the following? ☐ Primary / Non-Contributory Wording ☐ Waiver of Subrogation
- d. Interest of Additional Insured? ☐ Franchisor ☐ Vendor ☐ Trade Show Sponsor
- ☐ Other: _____
2. Is Blanket Vendors coverage desired? ☐ Yes ☐ No
3. Do you have an Additional Insured (AI) who needs to be listed as an AI under the General Liability coverage? ☐ Yes ☐ No
- a. AI Name: _____
- b. Address: _____
- c. Does the AI require the following? ☐ Primary / Non-Contributory Wording ☐ Waiver of Subrogation
- d. Interest of Additional Insured? ☐ Franchisor ☐ Mortgagee ☐ City / Government Agency
- ☐ Landlord ☐ Lessor of Leased Equipment ☐ Other: _____

**If additional AI's need to be included, provide on a separate sheet of paper.*

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SECTION VI: OPTIONAL COVERAGE

If this Section does not apply, Check Here ☐

1. Do you want Defense Outside the Limit? ☐ Yes ☐ No If Yes, indicate Limit: ☐ \$250K ☐ \$500K ☐ \$1M
2. Do you want coverage for Cyber Liability? ☐ Yes ☐ No If Yes, indicate Limit: ☐ \$250K ☐ \$500K
 - a. If Yes, does your business have a company-wide privacy policy for keeping customers information secure? ☐ Yes ☐ No
3. Do you want coverage for Products Recall? ☐ Yes ☐ No
 - a. If Yes, indicate Limit: ☐ \$50K ☐ \$100K ☐ \$250K ☐ \$500K ☐ Other: _____
4. Do you want coverage for Discontinued Products? ☐ Yes ☐ No
 - a. If Yes, list products to be covered and reason for discontinuing: _____

SECTION VII: PROPERTY COVERAGE *(Optional)*

If this Section does not apply, Check Here ☐

Please complete for EACH location if coverage is needed

1. Location: _____ Address: _____
2. Year Built: _____ Construction Type: _____ Number of Stories: _____ Square Footage: _____
3. If the building is over 20 years old, what year were the following updated: (*) information required
*Roof: _____ *Plumbing: _____ *Wiring: _____ *HVAC: _____
4. Roofing Material (Tile, Metal, Wood Shingles, etc.): _____
5. Are there sprinklers inside your unit? ☐ Yes ☐ No
6. Is there a Central Burglar Alarm inside your unit and in your control? *(if no alarm, theft will be excluded.)* ☐ Yes ☐ No
7. Name and address of Loss Payee: _____

Coverage Desired:

Contents: \$: _____

*Finished CBD / Hemp Stock: \$: _____

**Harvested Hemp Stock: \$: _____

Tenants Improvements: \$: _____

Building: \$: _____ Do you own the building? ☐ Yes ☐ No

Business Interruption: \$: _____ Amt Per Month \$: _____ # of Months to be covered: _____

Outside Sign: \$: _____

Optional Coverages:

1. Do you want coverage for power surge to covered property? ☐ Yes ☐ No \$25K per claim/\$50K aggregate limit
2. Do you want coverage for Contingent Business Income? ☐ Yes ☐ No \$10K limit (Off Premise Power Outage)
3. Do you need coverage for any of the property in transit or at a temporary location? ☐ Yes ☐ No If Yes, \$: _____
If Yes, please describe when and why property is being transported? _____

***Finished CBD / Hemp Stock:** means products containing cannabis and/or its derivatives with a tetrahydrocannabinol (THC) concentration less than or equal to 0.3%. And only where derived from hemp as described in the H.R.2 – Agriculture Improvement Act of 2018, and in accordance with applicable state and federal law. Does not include “Harvested Hemp Stock” that is being dried or product that has not yet been incorporated into a final product ready for sale.

****Harvested Hemp Stock:** means mature Hemp plant material no longer in the growing medium, which is in the process of being dried or which includes any raw materials or products that is not yet “finished CBD/Hemp stock”

PRODUCTS LIABILITY APPLICATION

SECTION VIII: HISTORY

Note – ALL questions must be answered. Failure to disclose claims history could invalidate coverage.

1. Have you had any past claims including Products Liability, General Liability, Cyber and / or Property, ☐ Yes ☐ No whether or not insured? If Yes, describe:

2. Do you have knowledge of an event, circumstance, or occurrence (other than listed above) prior to the ☐ Yes ☐ No effective date of the proposed policy that may result in a claim or incident? If Yes, describe:

SECTION IX: ATTESTATION

On Behalf of ALL Operations, I confirm:

1. I understand that coverage is only provided for products that have been disclosed and approved as per this application for coverage.
2. Coverage does not apply to any vendor or recipient who has re-packaged, re-labeled, or modified the product in any way.
3. I agree to notify the Company of any additional products introduced during the policy term and understand they will be subject to underwriting and not automatically covered.
4. I understand and agree this Application and any supplements attached hereto will be relied upon for the insurance policy.
5. I understand and agree that failure to provide true and accurate response to the forgoing questions may result in the voiding of the insurance issued in reliance on this application and/or denial of claims under the policy issued.
6. The business is in compliance with all AMA, FDA, CDC and / or State Laws or similar for all devices and products.
7. I authorize and consent to investigation of information of my 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 may be authorized by law.
8. If I am aware of any claim or incident arising from any time prior to today, I must advise the company at this time.
9. The liability policy applied for may apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the policy or the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.
10. 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 or similar entity.

(For a full list of terms and conditions, consult the policy forms)

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS PRIOR TO BINDING (60 DAYS FOR RENEWALS).
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.
COVERAGE BECOMES EFFECTIVE WHEN REVIEWED AND ACCEPTED BY THE INSURANCE COMPANY.

APPLICANT SIGNATURE

DATE SIGNED

TITLE

REQUESTED EFFECTIVE DATE

LIABILITY LIMIT REQUESTED:

☐\$1M/\$1M ☐\$1M/\$2M ☐\$2M/\$2M ☐Other: _____

PRODUCTS LIABILITY APPLICATION

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	(ACCEPT) I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
<input type="checkbox"/>	(DECLINE) I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Certain Underwriters at Lloyds, London
Carrier

Print Name

Policy Number

Date