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

FAX:
415.475.4303

Submissions: submissions@ppibcorp.com

Let's Get Started

Fill Out Application on Next Page

VAPE SHOP / SMOKE SHOP APPLICATION

SECTION I: GENERAL INFORMATION

1. Applicant Name: _____ Phone Number: _____

2. Business Name: _____

3. Email Address: _____ Website: _____

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5. Business Address (1): _____

City: _____ State: _____ Zip Code: _____

County: _____ Square Footage (Required): _____

6. Business Address (2): _____

City: _____ State: _____ Zip Code: _____

County: _____ Square Footage (Required): _____

7. Requested Effective Date: _____

8. Business Operated as: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual

9. Types of Operations: ☐ Retailer ☐ Distributor / Wholesaler ☐ Manufacturer ☐ Cultivator

10. Gross Receipts: Prior 12 Months: _____ Next 12 Months: _____

11. What are your percentage of sales for the following (must add up to 100%)?

Smoke Shop items: _____ Beer / Wine: _____ Liquor: _____ Food: _____ All other items: _____

12. Do you allow BYOB? ☐ Yes ☐ No

13. Do you provide any Professional Services i.e. Tattooing? (*If Yes, separate application required*) ☐ Yes ☐ No

14. Provide your days / hours of operations: _____

15. Do you have either of the following: Dance Floor: ☐ Yes ☐ No Bouncers / Doormen: ☐ Yes ☐ No

16. Do you have live entertainment, including but not limited to bands, DJ, karaoke, comedy night, trivia night)? ☐ Yes ☐ No

If Yes, do they perform after 10pm? ☐ Yes ☐ No

17. Does this location have a lounge space that includes couches, TVs and/or games? ☐ Yes ☐ No

(NOTE: Lounge space is in a retail store for customers to utilize for vaping, smoking and/or recreational purpose)

18. Do you provide table service (i.e. hookah, food, or alcohol)? ☐ Yes ☐ No

19. Do you verify age at point of sale to prevent underage sales? ☐ Yes ☐ No

20. Do you sell any CBD / Hemp products over 0.3% THC? ☐ Yes ☐ No

21. For new clients only, do you currently have Insurance Coverage? ☐ Yes ☐ No

Insurer:	*Policy #:*	*Limits:*	*Premium:*	*Exp. Date:*
_____	_____	_____	_____	_____

VAPE SHOP / SMOKE SHOP APPLICATION

SECTION II: PROPERTY If this Section does not apply, Check Here ☐

Complete for EACH Business Location

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? ☐Yes ☐No

   NOTE: Theft / Vandalism is excluded if there is no active Central Station Burglar Alarm monitored by an alarm provider & will still be limited upon use of an alarm
7. Do you have interior and exterior cameras? ☐Yes ☐No

Coverage Desired:

Business Personal Property: $:_____

*Finished CBD / 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 / $50K 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 this 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.

If you have any "Harvested Hemp Stock" that requires coverage, please reach out separately to inquire about options.

VAPE SHOP / SMOKE SHOP APPLICATION

SECTION III: ADDITIONAL INSURED

If this Section does not apply, Check Here ☐

Please note policies automatically include blanket Additional Insured coverage for all Landlords, Lessors of Leased Equipment, Tradeshow Sponsors, City / Health Departments and/or Permitting Offices, including Waiver of Subrogation and Primary / Non-Contributory Wording if contractually required.

1. Do you have an Additional Insured (AI) not included above who needs to be listed as an AI? ☐ Yes ☐ No

   a. AI Name #1: _____

   b. Address: _____ Business Location#: _____

   c. Does the AI require the following? ☐ Primary / Non-Contributory Wording ☐ Waiver of Subrogation

   d. Interest of Additional Insured? ☐ Franchisor ☐ Mortgagee ☐ City / Government Agency ☐ Other: _____

   a. AI Name #2: _____

   b. Address: _____ Business Location#: _____

   c. Does the AI require the following? ☐ Primary / Non-Contributory Wording ☐ Waiver of Subrogation

   d. Interest of Additional Insured? ☐ Franchisor ☐ Mortgagee ☐ City / Government Agency ☐ Other: _____

SECTION IV: HISTORY

1. Do you have any past claims including General Liability and/or Property, whether or not insured? ☐ Yes ☐ No

   If Yes, describe:

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

   If Yes, describe:

SECTION V: ATTESTATION

On Behalf of ALL Operations, I confirm:

1. No insurance will be offered for any operations / activities unless specifically listed on the application and a premium is paid.
2. I understand and agree this Application and any supplements attached hereto will be relied upon for the insurance policy.
3. 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.
4. 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.
5. If I am aware of any claim or incident arising from any time prior to today, I must advise underwriters at this time.
6. 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.

(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 ACCEPTED BY THE INSURANCE COMPANY.

Applicant Signature	Date Signed	Title

Liability Limit Requested: ☐ $1M/$1M ☐ $1M/$2M ☐ $1M/$3M ☐ $2M/$2M ☐ Other_____

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.

☐	(ACCEPT) I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD……
☐	(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