Email to: **SALES@TEXASPARTNERSINSURANCE.COM**

Vape Shops/Smoke Shops - (Complete for EACH Business Location)

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Square Footage: _____

Business operated as: ☐ Corporation ☐ LLC ☐ LLP ☐ Partnership ☐ Individual ☐ Independent Contractor

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

Does the location sell Liquor? ☐ Yes ☐ No If Yes, % of Sales: _____

Does this location sell Beer/Wine? ☐ Yes ☐ No If Yes, % of Sales: _____

Do you allow BYOB? ☐ Yes ☐ No

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

Provide your days/hours of operations: _____

List types of items sold: _____

Does this location have a hookah and/or Lounge space*? ☐ Yes ☐ No

***Lounge space is in a retail store for customers to utilize for vaping, smoking and/or recreational purpose**

Does this location have any of the following? ☐ Couches ☐ Pool Table ☐ Dance Floor

☐ Live Music/DJs ☐ Bouncers/Doormen ☐ Television ☐ Video/Arcade Games ☐ Fresh Food Served/Sold

☐ Liquor Served ☐ Other Recreational Equipment: _____

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

Do you sell any Hemp/CBD products < 0.3% THC Per Farm Bill? ☐ Yes ☐ No If Yes, % of Sales: _____

a. If Yes, are all products tested and certified by a 3rd party? ☐ Yes ☐ No

b. List All products being sold: _____

Do you sell any Hemp/CBD products over 0.3% THC? ☐ Yes ☐ No If Yes, % of Sales: _____

PROPERTY COVERAGE

Age of Building: _____ Construction: _____ Number of Stories: _____

If Building is over 15 years old, when were the following updated? (*) Information Required

*Roof: _____ *Plumbing: _____ *Wiring: _____

Roofing Material (Tile, Metal, Wood Shingles Etc): _____

Is there a central Station Burglar Alarm? ☐ Yes ☐ No Is it inside your unit, active and in your control? ☐ Yes ☐ No

Are there interior and exterior cameras? ☐ Yes ☐ No Are there sprinklers? ☐ Yes ☐ No

NOTE: Theft/ Vandalism is excluded if there is no active Central Station Burglar Alarm monitored by an alarm provider & may still be limited upon use of an alarm

COVERAGES DESIRED

CONTENTS	$:_____
FINSIHED CBD/HEMP STOCK*:	$:_____
HARVESTED HEMP STOCK:**	$:_____
TENANT IMPROVEMENTS	$:_____
BUILDING (You Own)	$:_____
LOSS OF BUSINESS INCOME	Amt per Month: _____/# of Months: _____
SIGN	$:_____

**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"

Vape Shops/Smoke Shops - (Complete for EACH Business Location)

Optional Coverages:

Do you want coverage for Contingent Business Income? ☐ Yes ☐ No $10K Limit (off Premise Power Outage)

Do you want coverage the Equipment Breakdown? ☐ Yes ☐ No

Do you want coverage for the Property Extension ☐ Yes ☐ No ☐ $10,000 ☐ $25,000

Accounts Receivable, Employee Dishonesty, Money & Securities, Outdoor Property, Personal Effects and Property of Others, Property in Transit, Property Off – Premises, Spoilage, Valuable Papers & Records, Fine Arts, Electronic Data, Fire Protection Devices Recharge, Fire Department Service Charge

CLAIMS/HISTORY

NOTE: All questions MUST be answered. Failure to disclose claims history could invalidate coverage

1. Do you currently have liability insurance coverage? ☐ Yes ☐ No

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

   _____

2. Do you currently have property insurance coverage? ☐ Yes ☐ No

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

   _____

3. List all property claims in the past 5 years, whether or not insured: **IF NONE, Check here** ☐

   _____

4. List liability claims history arising from any business or other professional activity, whether or not insured **IF NONE, Check here** ☐

   _____

5. Do you have knowledge of an event, circumstance or occurrence (other than listed in 4 above) 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? ☐ Yes ☐ No

   _____

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 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. 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.

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 REQUESTED EFFECTIVE DATE LIABILITY LIMIT REQUESTED

Are you required to name any other person or entity as an Additional Insured: ☐ Yes ☐ No

Name & Address: _____

Interest of the additional insured: ☐ Landlord ☐ City or Government Agency ☐ Lessor ☐ Other: _____

Required the following: ☐ Waiver of Subrogation ☐ Primary/ Non-Contributory Wording

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.

☐	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD……
☐	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 Lloyd's of London

_____ _____
Print Name Policy Number

_____
Date

LMA9184

09 January 2020