

## PHARMACEUTICAL, NUTRACEUTICAL, AND VETERINARY PHARMA/NUTRA SUPPLEMENTAL APPLICATION

### I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.

### II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: \_\_\_\_\_  
\_\_\_\_\_
2. Are any other entities or DBAs to be listed as Named Insured?  Yes  No
  - a. If yes, list: \_\_\_\_\_  
\_\_\_\_\_
  - b. Do all entities have common ownership with the first Named Insured in whole or majority?  Yes  No
3. Years in operation under current ownership/management: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Premise Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If you have multiple premise locations, please attach a complete address list.)*
6. Name of Contact for Audits and/or Inspections: \_\_\_\_\_
  - a. Phone Number: \_\_\_\_\_
  - b. Email Address: \_\_\_\_\_
7. Website: \_\_\_\_\_  
*Please attach a complete, detailed catalog of products or an operations brochure if a website is not available. If product labels and ingredient lists are not available on your website, please include copies of this information with your submission.*
8. Do you currently have liability insurance for your operations?  Yes  No
  - a. If yes and your policy is with Richmond National, what is the policy number? \_\_\_\_\_  
*(if your policy is with Richmond National, skip b. through f. below)*
  - b. What is the policy expiry date? \_\_\_\_\_
  - c. If your current policy is on a Claims Made form, what is the Retroactive Date? \_\_\_\_\_  
*Please attach a copy of your current policy Declarations Page for Date and Limits confirmation if you want to retain this Retroactive Date.*
  - d. Who is the current insurance carrier? \_\_\_\_\_
  - e. Are they offering renewal?  Yes  No
  - f. Expiring premium: \_\_\_\_\_

9. Name of your Insurance Agent/Agency: \_\_\_\_\_

10. Name of your Insurance Broker/Brokerage: \_\_\_\_\_

**III. UNDERWRITING INFORMATION**

1. Please complete the following table regarding your projected and historic sales:

Next Year (projected)	Last Year:	1 Year Prior:	2 Years Prior:	3 Years Prior:

2. If you are selling pharmaceutical products, do you sell any of the following products, or products containing the following ingredients (or derivatives thereof)? Check all that apply, including products which you no longer sell but had previously sold in the last five years. Please clarify what percentage of your annual sales, on average, are of that product. If the product has been discontinued, put the discontinuation date:

If you do not sell pharmaceutical products, check this box:

Product	Percentage of Sales	Product	Percentage of Sales
<input type="checkbox"/> Sildenafil, Tadalafil, Vardenafil		<input type="checkbox"/> Ephedrine, Ephedra Alkaloid	
<input type="checkbox"/> Organ/Glandular Extracts		<input type="checkbox"/> Anabolic Steroids	
<input type="checkbox"/> Fertility Treatments		<input type="checkbox"/> Birth Control	
<input type="checkbox"/> Human Growth Hormone		<input type="checkbox"/> Other Hormone Therapy	
<input type="checkbox"/> Obesity Management/Weight Reduction Drugs		<input type="checkbox"/> Anti-Depressants, Anti-Anxiety Medications, SSRIs, SARIs	
<input type="checkbox"/> Opiates, Opioids		<input type="checkbox"/> Insomnia Drugs, Sleep Aids	
<input type="checkbox"/> Thalidomide		<input type="checkbox"/> Isotretinoin	
<input type="checkbox"/> Live Virus Vaccinations		<input type="checkbox"/> Bisphosphonates	
<input type="checkbox"/> Phentermine-Fenfluramine, Phentermine-Dexfenfluramine		<input type="checkbox"/> Imaging Agents and Imaging Preparation Solutions	
<input type="checkbox"/> Metoclopramide		<input type="checkbox"/> Rosiglitazone	
<input type="checkbox"/> Ranitidine		<input type="checkbox"/> Sibutramine	

3. If you are selling pharmaceutical products, do you sell any of the following products, or products containing the following ingredients (including any derivatives thereof)? Check all that apply, including products which you no longer sell but had previously sold in the last five years. Please clarify what percentage of your annual sales, on average, are of that product. If the product has been discontinued, put the discontinuation date:

If you do not sell nutraceutical products, check this box:

Product	Percentage of Sales	Product	Percentage of Sales
<input type="checkbox"/> Aristolochia, Birthwort, Pipevine		<input type="checkbox"/> 1,4 Butanediol (Gamma-Hydroxybutyric Acid), GHB	
<input type="checkbox"/> Belladonna		<input type="checkbox"/> Bitter Orange	
<input type="checkbox"/> Black Salve		<input type="checkbox"/> Chaparral, Creosote Bush	
<input type="checkbox"/> Colloidal Silver		<input type="checkbox"/> Coltsfoot	
<input type="checkbox"/> Comfrey, Blackwort		<input type="checkbox"/> Deer Velvet, Velvet Antler	

<input type="checkbox"/> Germander		<input type="checkbox"/> Germanium	
<input type="checkbox"/> Hoodia		<input type="checkbox"/> Horsetail, Equisetum	
<input type="checkbox"/> Kava		<input type="checkbox"/> Kratom	
<input type="checkbox"/> Lobelia		<input type="checkbox"/> Magnolia	
<input type="checkbox"/> Ma Huang, Ephedra		<input type="checkbox"/> Pennyroyal	
<input type="checkbox"/> Skullcap		<input type="checkbox"/> Stephania	
<input type="checkbox"/> Willow Bark		<input type="checkbox"/> Yohimbe	
<input type="checkbox"/> Sexual Enhancement or Sexual Wellness Supplements		<input type="checkbox"/> Hormone Support or Fertility Support Supplements	
<input type="checkbox"/> Energy, Muscle Development, or Workout Supplements		<input type="checkbox"/> Weight Loss or Appetite Suppressant Supplements	

4. Are any of your products for children, or advertised, marketed, or labeled as safe for use by children?  Yes  No  
a. If yes, which product(s)? \_\_\_\_\_
5. Are any of your products subject to Black Box labeling by the FDA?  Yes  No  
a. If yes, which product(s)? \_\_\_\_\_
6. Are any of your products for pre-natal or breastfeeding support?  Yes  No  
a. If yes, which product(s)? \_\_\_\_\_
7. Do you sell veterinary use pharmaceuticals or nutraceuticals?  Yes  No  
a. If yes, are any products sold over-the-counter that would be prescription only for human use?  Yes  No  
b. Are any products specifically designed for use with equine animals?  Yes  No  
c. Do you sell Xylazine?  Yes  No  
d. Have you ever sold veterinary use nitrofurans?  Yes  No  
e. Are any products designed to increase muscle mass or egg production of livestock or poultry?  Yes  No
8. Do any of your product labels, marketing, or advertising make health-related claims?  Yes  No  
a. If yes, is all language reviewed by legal counsel, including review for compliance with FDA regulations and DSHEA legislation?  Yes  No
9. Do you sell any products which are labeled, advertised, or marketed as being suitable to treat the symptoms of, mitigate, or prevent infections or medical conditions which would otherwise typically require prescription medication to treat (e.g., urinary tract symptom relief drugs, urinary tract infection prevention supplements, etc.)?  Yes  No  
a. If yes, which product(s)? \_\_\_\_\_
10. Do you sell any products which are commonly marketed, advertised, or rumored to treat or prevent serious medical conditions or infections, or are used in traditional, Ayurvedic, naturopathic, or homeopathic medicine to treat or prevent serious medical conditions or infections, even if you do not label or market the products for such use (e.g., Germanium, Elderberry/Sambucus, etc.)?  Yes  No  
a. If yes, which product(s)? \_\_\_\_\_
11. Do products subject to California Proposition 65 have appropriate warning language on product packaging for goods sold in California?  Yes  No

12. Do you follow Good Manufacturing Practices (cGMP)?  Yes  No
13. When was your last FDA inspection? \_\_\_\_\_  
 a. Have you ever been issued an FDA Form 483? (if yes, provide copies of all documents)  Yes  No
14. Have you ever been issued any other citation, warning, notice, consumer complaint, adverse event report, or any other advisory or reprimand by the FDA? (if yes, please provide copies of all documents)  Yes  No
15. Do you sell any products which are banned from sale in the European Union, or would be banned from sale if you exported goods to the EU?  Yes  No  
 a. If yes, which products? \_\_\_\_\_  
 \_\_\_\_\_  
 b. Are any of these products presently under investigation by the FDA for potential ban?  Yes  No
16. Do you conduct any human clinical trials, or submit products for human clinical trials?  Yes  No
17. Do you have any subsidiaries, separate locations, or products/product lines which are insured separately from the operations for which you are seeking coverage in this application, or which you otherwise want excluded from coverage?  Yes  No  
 a. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
18. Do you sell any products, or plan to sell any new products, which are not currently shown on your website or product catalog?  Yes  No  
 a. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
19. If you are a distributor, do you directly import any products?  Yes  No  
 a. Do all manufacturers provide you with a certificate of insurance evidencing active coverage with a carrier based in the United States of America with limits of insurance inclusive of products liability and an Additional Insured coverage extension for you (or all product vendors)?  Yes  No
20. Do you have any special certifications, such as ISO 9000 or QS 9000?  Yes  No  
 a. If yes, please list: \_\_\_\_\_
21. Have you ever discontinued a product or product line for reasons other than low sales?  Yes  No  
 a. If yes, please describe the product(s) and the reason for discontinuation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Do you perform installations, maintenance, or servicing work at the premise of clients, customers, or any other location which you do not own, rent, or control (including services which are provided by subcontractors acting on your behalf)?  Yes  No  
 a. If yes, approximately what percentage of your sales is correlated to these services? \_\_\_\_\_  
 b. Do you provide these services at any residential premises?  Yes  No  
 c. Do you hire subcontractors to perform any work on your behalf?  Yes  No  
 d. If yes to c., are all subcontractors required to provide certificates of insurance evidencing active coverage inclusive of products and general liability and an Additional Insured coverage extension for you (or all entities for whom the subcontractor performs work) prior to the beginning of work?  Yes  No
23. Do you have formal, written product testing, quality control, or other assurance protocol procedures?  Yes  No  
 a. If yes, please attach a copy. If no, what product risk management measures do you have in place?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b. Are your products tested by independent third parties?  Yes  No

- c. Are product instructions, warnings, warranties, etc. reviewed by outside counsel?  Yes  No
- d. Do you have a product recall plan?  Yes  No
- e. Do all products have serial numbers or batch/lot numbers permanently affixed or imprinted on each unit to make identifying affected products easier in the event of a product recall?  Yes  No
- f. How long do you maintain sales records, batch/lot records, or other data that would assist you in tracing the whereabouts of recalled products? \_\_\_\_\_

24. Have you ever conducted a product recall?  Yes  No  
*(if you have had multiple recalls, please attach a sheet duplicating this section for each additional recall individually)*
- a. If yes, was this recall voluntary?  Yes  No
  - b. If no to a., what governmental authority ordered the recall? \_\_\_\_\_  
 Please attach copies of all government authority issued notices, statements, citations, and other documentation pertinent to the recall.
  - c. When was the recall initiated? \_\_\_\_\_
  - d. When did the recall conclude? \_\_\_\_\_  Ongoing
  - e. What product(s) were recalled? \_\_\_\_\_
  - f. Number of affected units: \_\_\_\_\_
  - g. Why was the recall initiated? \_\_\_\_\_
  - h. What was the remedy for the recalled products? \_\_\_\_\_
  - i. What percentage of products were (or have been to date) returned or remediated? \_\_\_\_\_

25. Has your company ever been the target of ransomware, data intrusion, or other cyber attack?  Yes  No
- a. Are all employees trained on social engineering and cyber attack prevention?  Yes  No
  - b. Do you accept payments for products or services through an online portal?  Yes  No
  - c. Do you have any ATMs or payment terminals on premise which are not within direct eyesight of an employee at all times?  Yes  No

**IV. LOSS EXPERIENCE**

1. Please provide Loss Runs with a valuation date no greater than 45 days old for the last five years of your liability coverage. Attach additional details for all open claims and any closed claims with \$20,000 or more incurred.
2. Do you have any liability losses or suits against you which occurred outside of coverage, or were otherwise not included in your provided Loss Runs? If yes, please complete the below table for these suits:

Date and Description of Incident	Date Suit Filed	Suit in litigation?	Amount Demanded	Amount Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. In the last five years, has any insurance carrier canceled or non-renewed your liability coverage? *(This question is not applicable for applicants in the state of Missouri.)*  Yes  No
  - a. If yes, why? \_\_\_\_\_
4. Are you or any individual affiliated with your organization aware of any actual or alleged accident, incident, altercation, occurrence, offense, or other circumstance which may  Yes  No

reasonably be assumed to possibly result in a suit or demand for damages being filed against you or filed against another party and involving your products or operations?

## V. ACKNOWLEDGEMENTS AND SIGNATURE

### FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supercedes the previous paragraph:

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or

	conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
----------------------	--

**Applicant:**

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: \_\_\_\_\_

Applicant Written Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Agent/Broker:**

- 1. If coverage is currently in place, does your office currently control this risk?  Yes  No
- 2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations?  Yes  No  
*(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)*

Agent or Broker Signature: \_\_\_\_\_

Agent or Broker Written Name and Agency/Brokerage: \_\_\_\_\_

Date: \_\_\_\_\_