

HEALTH, NUTRITION & LIFESTYLE KRATOM APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at
the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies,
or judgements for unpaid taxes against you, or your majority partner?

Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for
the property to undergo receivership?

Yes No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

Provide a complete list of Named Insured(s) and DBAs:

Number of years in business:

SECTION I – RISK PROFILE

1) Type of Risk:

Retailer

Manufacturer

Contract Manufacturer

Direct to Consumer

2) Does any product labeling, packaging, website, or advertising material suggest or imply
medical benefits or therapeutic effects or make any express or implied claims to diagnose,
treat, cure, mitigate, or prevent any disease, condition, or illness?

Yes No

3) Are you cGMP compliant?
If Yes, provide a certificate.

Yes No

4) Do you have COA's in place?

Yes No

- | | | |
|---|-----|----|
| 5) Is your facility registered with the FDA? | Yes | No |
| If Yes, provide your registration number: | | |
| 6) Are you registered with the applicable State? | Yes | No |
| 7) List the States you sell to: | | |
| | | |
| 8) Do you have Standard Operating Procedures in place? | Yes | No |
| 9) Have you ever sold synthetic or semi-synthetic ingredients? | Yes | No |
| 10) Do you confirm the age of the consumer/purchaser? | Yes | No |
| If Yes, describe the method used: | | |
| | | |
| 11) Do you have a reasonable basis for the safety of your product/ingredient? | Yes | No |
| 12) What is the date of your last third party audit? | | |
| What was the outcome? | | |

SECTION II – LABEL REQUIREMENTS

- | | | |
|--|-----|----|
| 13) Does your label confirm that your products do not contain more than 2% total alkaloids from 7OH? | Yes | No |
| 14) Does your label confirm that your products do not contain more than 1 mg 7OH per serving? | Yes | No |
| 15) Do your products clearly indicate the content of Mitragynine and 7-Hydroxymitragynine? | Yes | No |
| 16) Are all ingredients clearly listed on the product label? | Yes | No |
| 17) Does the label specify serving size, servings in package and the recommended dose in 24 hours? | Yes | No |
| 18) Does your label have clear warnings for minors, pregnant women, women who are breastfeeding or attempting to conceive? | Yes | No |
| 19) Does your label state that the user must consult with a healthcare provider prior to use? | Yes | No |
| 20) Does your label contain a statement that Kratom can be habit forming? | Yes | No |

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.