☐ Evanston Insurance Company
☐ Markel American Insurance Company
☐ Markel Insurance Company

APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE

Notice: If the policy for which application is made is for claims made coverage: coverage applies only to "claims" first made during the "policy period," unless an extended reporting period is exercised.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

I. GENERAL INFORMATION

1. (a) Full name of Applicant: Commodity Fragrances, LLC

(b) Principal business premises address: 60 Honeck Street (Street) Bergen County (County)
Englewood (City) NJ (State) 07631 (Zip)

(c) List the names of all predecessor organizations of the Applicant: N/A

(d) Audit contact name: Vicken Arslanian (e) Phone Number: 201-568-6883

(f) Website address: commodityfragrances.com (g) Date established (MM/DD/YYYY): 10/15/2019

(h) Applicant is a:
[ ] corporation [ ] partnership [ ] sole proprietorship [✓] limited liability company (LLC) [ ] other_____

2. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? ..... Yes [ ] No [✓]
(a) If Yes, provide details._____

II. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

1. Provide the following information for those products, goods and/or services the Applicant wants coverage for. Only those products, goods and services listed below will be considered for coverage.

Products and Goods(or specific categories)	Applicant Acts as a(n) M	W	R	I	MR	No. of Years	% of Gross Receipts	Does Applicant Install?	Repair or Service?	Products and Goods sold to: W	R	C	O
Perfumes/Fragrances	X	X				6	95%	no	no	X	X	X	
Perfumed Lotions	X	X				6	2.5%	no	no	X	X	X	
Perfumed Candles	X	X				6	2.5%	no	no	X	X	X	

M: **manufacturer** W: **wholesaler** R: **retailer** I: **importer** MR: **manufacturer's rep.** C: **consumer direct** O: **other (describe)**

2. Total gross receipts from all products, goods and services listed in Part II, Question 1. hereinabove:
(a) Estimated annual gross receipts for the coming year: $ 12,000,000
(b) Annual gross receipts last twelve months: Year: 2025 $ 10,000,000

3. Does the Applicant have any operations, and/or any receipts or income from any products, goods or services, NOT listed in Part II, Question 1. hereinabove? ..... Yes [ ] No [✓]
If Yes,
(a) Provide a detailed explanation._____

(b) Provide the following for ALL products, goods, services and operations.
(i) Estimated annual gross receipts for the coming year: $ 12,000,000
(ii) Annual gross receipts: (1) last twelve months: Year: 2025 $ 10,000,000 (2) 1st prior year: Year: 2024 $ 7,000,000

4. Is the Applicant presently considering any change in the mix of products, goods, services and/or operations, including adding new products, goods, services or operations, for the coming year? ..... Yes [ ] No [✓]
(a) If Yes, provide details.

5. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? .. Yes [ ] No [✓]
(a) If Yes, provide details.

6. Are any of the Applicant's products or services used in connection with aircraft/missiles/aerospace? .... Yes [ ] No [✓]
(a) If Yes, provide details.

III. PROCESSING AND QUALITY CONTROL

1. PROCESSING
(a) Do any products or ingredients or components thereof, originate from outside the United States? .. Yes [✓] No [ ]
(i) If Yes, specify:
(1) The country(ies) of origin: Packaging ONLY: China, All Ingredients: USA made
(2) The name of each manufacturer, distributor or supplier:
(b) Do others manufacture, assemble, package or install products under Applicant's name or label? ... Yes [✓] No [ ]
(i) If Yes, provide the name(s) and address(es) of contract manufacturer(s): CPFPI, 30 Englehard Dr, Monroe, NJ 08831
(c) Does the applicant manufacture, assemble, package or install products for others under their name or label? ..... Yes [ ] No [✓]
(i) If Yes, explain.

2. QUALITY CONTROL AND RECORDKEEPING
(a) Does the Applicant have a quality control and testing procedure? ..... Yes [✓] No [ ]
(i) If Yes, how long does the Applicant keep quality control and testing records?
(b) Can the Applicant identify its product(s) from those of competitors? ..... Yes [✓] No [ ]
(c) Do all records show to whom and the date each product was sold? ..... Yes [✓] No [ ]
(d) Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? ..... Yes [✓] No [ ]
(e) Who designs the Applicant's products?
(f) Are product designs reviewed, tested and verified by others? ..... Yes [✓] No [ ]
(g) Does the Applicant have a specific program to withdraw known or suspected defective products from the market? ..... Yes [✓] No [ ]
(h) Has the Applicant ever recalled or is it considering recalling any product? ..... Yes [ ] No [✓]
If Yes, attach an explanation.
(i) Have any of the Applicant's products or ingredients or components thereof, ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? ..... Yes [ ] No [✓]
(1) If Yes, provide details.

IV. INSURANCE INFORMATION

1. (a) Limits of Liability: Indicate the limits of liability requested: $ 1,000,000 /$ 2,000,000
(b) Deductible: Indicate the deductible requested: $ 0
THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.

2. Provide the following for present Product Liability Insurance: If None, check here [ ]

Insurance Company	Limits of Liability	Deductible/ SIR	Premium	Expiration Dates (MM/DD/YYYY)	Retroactive/ Prior Acts Date

3. Has any insurer declined, canceled, or nonrenewed any Product Liability Insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? ..... [ ] Yes [✓] No
(a) If Yes, provide details.

V. CLAIM HISTORY

1. Has any claim for Product or General Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? ..... [ ] Yes [✓] No

If Yes, provide five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than $10,000.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss Info.

2. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Product or General Liability claim, such that would fall under the proposed insurance? ..... [ ] Yes [ ] No
If Yes, provide details._____

VI. ADDITIONAL INFORMATION

As part of this application attach the following: Brochures; Labels; and Instructions.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, incident, circumstance, situation, condition, defect or suspected defect indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, incident, circumstance, situation, condition, defect or suspected defect any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications related hereto and material changes to any of the foregoing of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

If the policy for which application is made is for claims made coverage, the undersigned declares that the person(s) and organization(s) proposed for this insurance understand that coverage for which this application is made applies:

(i) Only to "claims" first made during the "policy period"; unless an extended reporting period is exercised. If an extended reporting period is exercised, the policy shall also apply to "claims" first made during the extended reporting period; and

(ii) Unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "claim expenses" and, in such event, the Company will not be liable for "claim expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy and unless amended by endorsement, "claim expenses" shall be applied against the "deductible".

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

Vicken Arslanian — Name of Applicant

President — Title

Signature of Applicant

9/11/2026
Date

Notice to Applicants: 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 the person to criminal and civil penalties.

☐ Deerfield Insurance Company
☐ Evanston Insurance Company
☐ Essex Insurance Company
☐ Markel American Insurance Company
☐ Markel Insurance Company
☐ Associated International Insurance Company

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE: «358» «359»
Risk ID. No.: «357»

You are hereby notified that under the Terrorism Risk Insurance Act as amended, 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*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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.

You should know that where coverage is provided by this policy for losses caused by certified acts of terrorism, such losses may be partially reimbursed by the United States Government 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 Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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.

You should also know that the Terrorism Risk Insurance Act as amended, contains a $100 billion cap that limits United States 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 $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.
Alaska, Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Vicken Arslanian _____ President _____

Name of Applicant

Signature of Applicant

Title (Officer, partner, etc.)

President,

Date 9/11/2026

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.