



FACE Insurance Services

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www.faceins.com

License number #0H16055

GENERAL LIABILITY APPLICATION

Full Legal Name _____

Name of Gallery/Museum, if different _____

Mailing Address _____

Premises Address _____

Contact Name & Title _____

Phone, Fax and E-mail _____

Type of Entity: Individual/Partnership/Corporation/Joint-Venture/Non-Profit

Year Business Started: _____ Number of Years in this field: _____

Age of Building _____

If over 25 years, when were the following items last updated

Roof _____

Heating _____

Plumbing _____

Electrical _____

Does the building have sprinklers? _____

Building construction type (frame, concrete & steel, concrete block, etc.) _____

Number of stories _____

Approximate square footage of building _____

Square footage of the gallery/museum _____

Examples of other businesses in the building _____

Is there an alarm? _____ Fire/Burglary/Both _____ Central Station/Local _____

If CS, name & address of Monitoring company _____

Any other security measures (inside a mall, patrol, armed guard, etc.) _____

Current Package Policy: Ins. Co.: N/A Expire Date _____ Prem. _____

Estimated annual sales (galleries only) _____

% of sales from the Internet: _____

Estimated number of openings a year: _____ Do you serve liquor at openings? _____

Any losses within the past three years? If so, describe, including amounts paid: _____

Limits requested:

Business Personal Property _____

Tenant Improvements and Betterments _____

PLEASE ATTACH A COPY OF YOUR DECLARATION PAGE.

Workers Compensation Ins. Co. (if applicable): NOT APPLICABLE

Expiration Date _____ Policy Number _____

Payroll, by classification _____ Rates, by classification _____

Loss information, 3 years _____